

<b>Case Number:</b>	CM14-0021153		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year old female who was injured on 10/03/2009. She developed a cumulative trauma as a result of repetitive twisting, pushing, and pulling that led to an onset of low back pain. She is currently working full-time. Prior treatment history has included ibuprofen 800 mg, 1 tablet t.i.d and Celebrex 200 mg 1 tablet q. day. Clinic note dated 01/03/2014 indicated the patient has paraspinous muscle tenderness in the thoracic spine extending into the lumbar spine with muscle spasm. She has a non-analgesic gait and is able to toe and heel walk, but described increased pain on performing the maneuvers. Lumbar range of motion exhibits limited forward flexion to 30 degrees and another 50 degrees of hip rotation. Her sensation is intact and normal temperature sensibility throughout all dermatomes. Deep tendon reflexes reveal patellar and Achilles to be 2+/5 bilaterally. The treatment and plan includes a HELP remote program which has been recommended as there is concern she will not find the time or make time for her independent gym program, that her posture, and body awareness seems to be represented of her not allocating that time. She appears to be an appropriate candidate for continued participation in the HELP remote program in order to help her focus on developing her strength. The patient is diagnosed with low back pain, lumbar degenerative disk disease (L4-5 anterolisthesis and disk protrusion, 01/15/2010); and reactive paraspinous myofascial pain of the lumbar region. Her goal attainment is to acquire medical education about the process of optimizing medications to attain functional benefits; medical education about the desired and adverse effects of medication use. Prior UR dated 01/22/2014 states the request for re-assessment 1 visit for 4 hours is non-certified as there are no clear functional goals to achieve.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**REASSESSMENT 1 VISIT, 4 HOURS PER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** This is a request for a one-time 4 hour (interdisciplinary) reassessment as part of the HELP functional restoration program, for a 48 year old female patient with chronic back pain attributed to a 10/3/09 injury. The patient completed a 6 week HELP direct care functional restoration program in December 2012. Thereafter she participated in a HELP remote care program, consisting of weekly phone calls, from April 2013 through January 2014. At the time of the requested service on a 1/3/14 clinic visit, the patient complained of constant pain, poor sleep due to pain, anxiety, and inability to fully participate in home exercise or spend enough time with family. She is on regular work duties. She is noted to rely heavily upon weekly HELP remote care program for being able to manage incident pain that she experiences with return to regular work. Physical examination notes lumbar muscle spasm and forward flexion of 80 degrees. Physical therapy assessment notes, "Very poor retention of learned technique" with regard to body mechanics, decreased tolerance/endurance for sitting, standing and walking, and problems with implementing program strategies at work. Psychological assessment notes ongoing symptoms of anxiety, depression, insomnia and chronic pain. Additional Cognitive Behavioral Therapy is recommended. The patient notes "tremendous benefit" from the HELP remote care program, but is not finding time to do her independent gym program. Request is made for an additional 3 months of the HELP remote care program (weekly calls) followed by an in-office interdisciplinary reassessment in order to remind the patient that she needs to be doing her independent gym program. Specific goals are to increase her walking tolerance from 20 to 50 minutes and to increase her lifting capacity from 20 to 50 pounds. Medical necessity for a one-time 4 hour (interdisciplinary reassessment), as part of the HELP functional restoration program, is not established.