

Case Number:	CM14-0023672		
Date Assigned:	05/12/2014	Date of Injury:	05/17/2010
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Management and Rehabilitation, has a subspecialty in Pain Management 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:

This patient is a 52-year-old male with date of injury of 05/17/2010. Per treating physician's report, 01/22/2013, the patient presents with listed diagnoses of lumbar disk degeneration, chronic back pain, myofascial pain syndrome, bursa tendon shoulder. The recommendation was for HELP evaluation and continues prescribed medications. Report from 11/26/2013 states the patient has history of cervical degenerative disk disease, facet arthropathy, radiculopathy, and myofascial pain, right rotator cuff syndrome status post right shoulder surgery from 2011, and status post manipulation of the right shoulder under anesthesia. The report indicates that Topamax has been denied. Epidural steroid injection has been denied and consultation with HELP Program has been denied. For medications, he is only taking Advil, describes increasing right upper extremity pain and numbness. The treating physician on the case states the patient remains an excellent candidate for restoration program and is hopeful that it would be authorized. A 10/15/2013 report indicates that the patient has been complaining of more right upper extremity pain that shoots from his neck to his wrist with symptoms that are constant. He had cervical epidural steroid injection two years ago and would like to trial it again. Examination showed right upper extremity strength at 4/10 compared to left, 5/10 with decreased sensation on the right side at C7-T1 distribution. The patient has experienced a significant loss of ability to function independently resulting from chronic pain describing difficulties with some home duties and loss of social and recreational activities. Other methods have failed and the patient is not a surgical candidate and the patient has had pain medication, physical therapy, traction, chiropractic therapy, cervical epidural steroid injection, home exercise program, and nerve blocks. The patient did have completion of HELP evaluation on 02/12/2013, where he was found to be an appropriate candidate for program but due to administrative denial, the

patient has not been provided the opportunity to start the program. The patient continues to express his motivation to participate in the program. The request was for formal authorization for it and initial course of 3 weeks part day HELP Program equating to 2 full weeks in accordance with MTUS. This request was denied by utilization review 02/15/2014 stating that the patient was already previously authorized for HELP Program and it was unclear why this patient required a repeat evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AT THE HELP PROGRAM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49.

Decision rationale: This patient presents with chronic neck and shoulder pain. The patient has had shoulder surgery back in 2011 and continues to experience chronic pain along with functional compromise. The request is for "evaluation at the HELP Program". Review of the reports shows that this request was denied solely on the basis that this evaluation was already provided. The treating physician's report from 10/15/2013 references that evaluation by HELP who deemed the patient appropriate candidate for Functional Restoration Program. The 10/15/2013 report specifically request 3 weeks of part-time Functional Restoration Program at HELP, which would be equivalent to 2 full weeks of program. However, the request at hand is for evaluation at HELP Program. Chronic Pain Medical Treatment Guidelines clearly support Functional Restoration Program following an appropriate evaluation. Chronic Pain Medical Treatment Guidelines specifically discuss inclusion criteria for Functional Restoration Program including failure of conservative care, functional compromise and chronic pain, motivational factors, and negative predictors. These are to be provided during an initial evaluation. Given that Chronic Pain Medical Treatment Guidelines explicitly supports Functional Restoration Program and evaluation, recommendation is for authorization. There is some confusion as to why reevaluation is asked for at HELP Program when one is already performed. However, contrary to the utilization reviewer's letter from 02/05/2014, the treating physician has never asked for a repeat evaluation for HELP Program but has only asked for initial evaluation at the HELP Program. Evaluation for Functional Restoration Program is medically necessary.