

<b>Case Number:</b>	CM14-0028023		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/13/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 47-year-old male with date of injury 01/13/2004. The medical record associated with the request for authorization, an integrative summary report from the HELP program, dated 02/07/2014, lists subjective complaints as chronic low back pain. Objective findings: No physical examination was reported, but the report states that the patient has been consistently meeting his goals of increased tolerance in lifting, carrying and walking, and there has been improvement in his usual work functions affected by chronic pain. The diagnosis include: chronic low back pain, axial low back pain, lumbar radiculopathy, lumbar degenerative disc disease, Lumbar myofascial pain, and history of anxiety. The patient has undergone treatment for five out of six weeks in the HELP functional restoration program since 12/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) [REDACTED] REDUCED INTENSITY INTERDISCIPLINARY FOUR (4) MONTH PAIN TREATMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** The patient seems to have met his goals in the program. In addition, the Official Disability Guidelines (ODG) states that total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). As such, the request for one (1) [REDACTED] reduced intensity interdisciplinary four months pain treatment is not medically necessary.

**ONE (1) INTERDISCIPLINARY REASSESSMENT AND EQUIPMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Durable medical equipment (DME). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** The Official Disability Guidelines (ODG) states that neither re-enrollment in repetition of the same nor similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Because further treatment does not appear to be medically necessary, the request for interdisciplinary reassessment and equipment is not medically necessary.