

Case Number:	CM14-0038636		
Date Assigned:	06/27/2014	Date of Injury:	07/26/2011
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 55-year-old male who reported an injury regarding a traumatic brain injury on 7/26/11 with resultant balance disorder and speech disorder. The injured worker also reported mechanical low back pain. The summary report dated 08/02/13 indicates the injured worker undergoing outpatient HELP program, which involves interdisciplinary pain rehabilitation program providing services. The injured worker reported ongoing headaches that had dissipated with a resultant discontinuation of the use of Cymbalta. The injured worker did report strength improvements. The injured worker also was focusing on becoming more independent with performance related exercises. There is an indication the injured worker had completed the outpatient HELP program from 07/09/13 - 08/16/13. The note also indicates the injured worker having weaned off of opiates and has met all functional goals. The injured worker was recommended to continue working on community integration with increased safety and independence. The clinical note dated 12/12/13 indicates the injured worker able to transfer and ambulate without difficulties. The injured worker was able to demonstrate a fair range of motion throughout the lumbar region. The injured worker was also able to demonstrate 5/5 strength throughout the lower extremities. Tenderness was identified upon palpation in the low back and gluteal region.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months HELP remote care, weekly calls plus 1 reassessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The documentation indicates the injured worker having undergone a 5-week course of a HELP program interdisciplinary program. There is an indication the injured worker has met all functional goals. However, continued treatment within a similar or same program for the same injury is not fully indicated as the request exceeds guideline recommendations to include a 4-week interdisciplinary program of this nature. Given that the injured worker has met all functional goals, it does appear that the injured worker would be ready for a less restrictive environment. Additionally, the injured worker has been encouraged to undergo independent pursuits. There is an indication the injured worker has been able to demonstrate 5/5 strength throughout the lower extremities with increased physical capacities. Given these factors, the request is not indicated as medically necessary.