

Case Number:	CM14-0040936		
Date Assigned:	06/30/2014	Date of Injury:	05/26/2010
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 Florida. 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 69-year-old male with a date of injury reported on 05/26/2010. The mechanism of injury occurred when the tires of the injured worker's truck got stuck in a field and as he was bending down to remove leaves, he injured his back. On 02/26/2014, the injured worker had an evaluation regarding a followup visit for continued complaints of back pain. The medications included Norco and Cymbalta. The injured worker had previous treatments including medications, physical therapy, and a lumbar epidural steroid injection. His diagnoses consisted of myalgia and myositis, sacrococcygeal arthritis, and degeneration of the lumbar disc. The physician was requesting a HELP evaluation. The injured worker had a HELP evaluation on 04/29/2014. Within the evaluation the injured worker reported pain rated 8/10, and he reported that his pain decreased to a 6 at best. He reported that he had pain about 75% of the time. The medication list on this review included Limbrel, Flector, Cymbalta, Norco and ibuprofen. Prior treatments included steroid injections and physical therapy. The injured worker reported that the pain interfered with his activities of daily living and that he needed some assistance with bathing, dressing, and home duties. The injured worker never had thoughts of harming himself or killing himself, and he denied any suicidal attempts. Upon examination, the injured worker had myofascial restrictions to his lumbar region, radiating up to the thoracic spine as well as the gluteal area and sensation and reflexes were to 2+ and equal. The injured worker exhibited motivation to change and was very motivated to move forward in an aggressive manor regarding improving his pain control and maximizing his level of physical function. The goal for the treatment program was to educate the injured worker about the cause and meaning of his pain which would aid in understanding how his pain occurred. The provider indicated the functional goal was to increase tolerance and standing from 15 minutes to 20 and increase the injured worker's walking tolerance from 10 minutes to 50 minutes. A behavioral medicine consultation

and testing was performed on 04/29/2014 which the psychosocial component of the injured worker's treatment would include specific coping skills training for him to become proficient in the use of cognitive and behavioral strategies to manage stress and pain more effectively. A physical therapy examination was performed on 04/29/2014 which noted the injured worker complained of low back pain with radiation down the left posterior leg to the mid calf. There was tenderness to touch at the back of the quadratus lumborum, the glutes, and piriformis on the left. The injured worker's pain was aggravated by repetitive motion such as low back bending and twisting, contact with the groin, navigating uneven ground, lifting, carrying, pushing, and pulling. The provider indicated the HELP program would be beneficial to the injured worker to help him increase his general functional activity and level of improving independence in his activities of daily living to increase his physical work capacity to allow sustained activity at a moderate level and to increase his general muscular strength and flexibility and cardiovascular endurance level and to improve his biomechanics such as the lifting, carrying, the pushing, the pulling. The request for the authorization for evaluation at the HELP- Health Education for Living with Pain program, was signed and dated on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation at the HELP - Health Education for Living with Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: The injured worker does have a history of complaints of back pain. He has tried medications, physical therapy, and lumbar epidural steroid injections in the past with no significant success. The injured worker has functional deficits, such as needing assistance with bathing, dressing, and home duties. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do recommend chronic pain programs for patients with conditions that put them at risk of delayed recovery. The guidelines also state that the injured worker should be motivated to improve and return to work. The guidelines recommend completion of an adequate and thorough evaluation including baseline functional testing prior to beginning a chronic pain management program. The guidelines indicate there should be evidence that previous methods of treating chronic pain have been unsuccessful and there should be a significant loss of function resulting from the chronic pain. This injured worker did show motivation and a desire to be able to return to work and to improve his functions. There was a psychological evaluation and a physical therapy evaluation performed. A HELP evaluation was performed on 04/29/2014. The documentation does not indicate the injured worker has completed any sessions of chronic pain management; therefore, it is unclear why the injured worker would require a second HELP evaluation. Therefore, the request for the HELP, health education for living with pain program is not medically necessary and appropriate.