

Case Number:	CM14-0041358		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2012
Decision Date:	08/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 53 year old employee with date of injury of 11/1/2012. Medical records indicate the patient is undergoing treatment for joint pain, shoulder region; myalgia and myositis; lumbosacral spondylosis and cervical spondylosis. Subjective complaints include shoulder pain, neck pain and low back pain. Objective findings include negative straight leg raising test on the right and left, positive spurlings on the left, positive Hawkins bilaterally, neer positive bilaterally, positive O'briens on the left, and positive scalene tightness on the left . Treatment has consisted of Flexeril, Naproxen, Norco and Valium. He also received a right elbow cortisone injection, TENS unit and PT. The utilization review determination was rendered on 3/10/2014 recommending non-certification of Evaluation for HELP Program Cervical and Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for HELP Program Cervical and Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program and Functional restoration programs Page(s): 30-34,49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

Decision rationale: MTUS states concerning functional restoration programs "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS states concerning multidisciplinary pain management programs , "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." The treating physician has not documented first line treatment trials and failures to meet MTUS criteria for a functional restoration program. In fact the patient is awaiting approval of physical therapy (a first line treatment), which the patient may or may not benefit from this treatment modality. As such the request for HELP Program Cervical and Lumbar is not medically necessary.