

Case Number:	CM14-0074868		
Date Assigned:	07/16/2014	Date of Injury:	02/09/2013
Decision Date:	09/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old male with an injury date of 02/09/13. Based on the 04/18/14 progress report provided by [REDACTED], the patient presents with pain in his low back, bilateral shoulders and neck, and significant loss of ability to function independently due to his chronic pain. Diagnosis are left shoulder internal derangement status post surgery, myofascial restrictions, low back with spondylosis and disk protrusions with intermittent radiculopathy and depression, severe. [REDACTED] is requesting for HELP Program 90 hrs. The utilization review being challenged is dated 05/09/14. The rationale was that goals were not stated and the negative predictors required by MTUS were missing. [REDACTED] is the requesting provider, and he provided treatment reports from 12/03/13 - 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program 90 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs and Functional Restoration Programs Page(s): 49; 30-33.

Decision rationale: The patient presents with pain in low back, bilateral shoulders, neck and depression. The request is for HELP Program 90 hrs. Based on report dated 04/18/14 by [REDACTED], the patient has a significant loss of ability to function independently resulting from the chronic pain. The California MTUS guidelines pg. 49 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including a thorough evaluation; significant loss of function and chronic pain; not a candidate for surgery; is motivated to change and the negative predictors are addressed. Review of report from [REDACTED] dated 4/18/14, appears to adequately address each of these issues. The patient does present with significant functional deficits, failed variety of conservative measures, has already had surgery of surgery, is motivated to change and the negative factors have been addressed. However, California MTUS also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, while the patient appears to be a candidate for functional restoration program, the requested 90 hours to start the program exceeds what is allowed per MTUS. Therefore the request is not medically necessary.