

<b>Case Number:</b>	CM14-0074948		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 32 year-old male who sustained an injury on May 14, 2013. Subsequently, he developed chronic back and right hip and thigh pain. According to the progress report dated November 22, 2013, the patient has been complaining of low back and thoracic pain, right hip, and right thigh pain. His physical examination demonstrated pain with right knee motion, and negative bilateral straight leg raising. His medications included Naproxen and Tramadol. The progress report dated February 5, 2014 stated that the patient was complaining of constant right buttock and lateral pelvic pain in addition to low back and anterior hip pain. The pain increased with walking, sitting, and with weight bearing and reduced with pain medications. His physical examination revealed spine tenderness with reduced range of motion extending to the right buttock and pelvis. No muscle spasm was noted. Straight leg raising was 40 degrees on the right with complaint of right buttock area pain extending to the right toes and 75 degrees on the left and painless. He exhibited a 10 degrees right hip flexion contracture in the supine position, while left hip extension was 0 degrees. Motor examination revealed apparent weakness of all right lower extremity muscle groups. The rest of his neurological examination was not focal. MRI of the right and left hip dated June 20, 2013 showed no effusion or bony abnormality. The patient was diagnosed with right buttock contusion and lumbar strain, healed. The provider requested authorization for a help program.

### 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. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, Early intervention Page(s): 32-33.

**Decision rationale:** According to the MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of the MTUS guidelines stated; recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). In this case, there is no clear evidence that the patient underwent physical therapy or exhausted all conservative therapies. A comprehensive interdisciplinary pain management program such as the HELP program can be considered when the patient has exhausted conservative interventions and injections as well as medication. Therefore, this request is not medically necessary.