

Case Number:	CM14-0078988		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2012
Decision Date:	08/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Medicine and is licensed to practice in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine. 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 is a male patient with a date of injury of November 1, 2012. A progress note dated April 15, 2014 identifies subjective complaints of neck pain, back pain, shoulder pain, pain, and right leg pain. The patient's current pain level is a 7 on a 10 point scale, the best his pain gets is a 5 and the worst is a 10. The patient reports that his pain is present 75% of the time. The patient describes his pain as being aching, throbbing, shooting, stabbing, piercing, sharp, dull, burning, hot, freezing, cold, electrical, numbing, and pins and needles. The patient states he does not need assistance with activities of daily living such as bathing, dressing, grooming, home duties, and child care. The patient reports some decrease in social and recreational activity. Current medications include Norco 10/320, Diazepam 5 mg, and Naproxen. The physical examination identifies limited range of motion of the cervical spine due to pain, tenderness to palpation of the cervical and shoulder musculature; reflexes are within normal limits, sensations intact, myofascial restriction of the lumbar spine, and no peripheral neurological symptoms. Diagnoses include cervical pain status post surgery with spondylosis above and below previous fusion, ongoing radiculopathy in the shoulders left greater than right, low back pain, and moderate depression. The treatment plan recommends participation in the outpatient health education for living with pain functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient HELP program 90 hours from functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: The California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and Negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request is for 90 hours of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the currently requested outpatient 90 hours of Health Education for Living with Pain (HELP) program functional restoration program is not medically necessary.