MAXIMUS Federal Services

Case Number:	CM14-0079694		
Date Assigned:	07/18/2014	Date of Injury:	06/10/2013
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female with a work injury dated 6/10/13. The diagnoses include discogenic low back pain with left lower extremity radiculopathy, bilateral hip pain; and mechanical low back pain. Under consideration is a request for multidisciplinary Help evaluation x1. There is a primary treating physician report dated 4/11/14 that states that the patient still has pain in her middle of her low back with radiation down the posterior aspect of the left leg to the heel. Her pain is constant and she didn't note any relief of her pain after the epidural injection. The low back pain is sharp and burning in character. Her pain wit/lout medication is 7/10 and with her currant medication her pain is down to 5/10 and not tolerable unless she limits her activity. She wasn't able to take the medications that were prescribed. On exam she transfers from a seated to standing position with some guarding. She ambulates with a guarded posture. She has fair range of motion of her legs. She has /5 strength in her lower extremities. She has decreased light touch sensation in her left leg. She has 214 reflexes in her lower extremities except the left ankle which is 0/4. She has tenderness to palpate across her low back. The treatment plan states to continue Vicodin 5/300mg q 8 hrs PRN #90 for pain; continue Mobic. The epidural gave her no relief of her pain. Therefore she will be referred to the HELP functional restoration program for an evaluation in an effort to return the patient back to work. She is currently temporarily totally disabled. There is a 4/25/14 appeal denial which states that the patient is appropriate for a functional restoration program evaluation because despite previous conservative treatment methods including physical therapy, medications, and home exercise program, she continues to experience ongoing pain and limited functionality as a result of the chronic pain. She is not a surgical candidate. The patient has a desire to be rehabilitated and is motivated to pursue her functional restoration education, with a goal of increased function,

reestablishing independence in activities of daily living, and returning to the work force. Per documentation an office visit dated November 15, 2013 states that prior treatment has included medication trials of Naprosyn and Vicodin, physical therapy and a home exercise program. She described physical therapy as improving her condition and pain medication as having no change in her condition. It is noted that she is currently not working. Medical history is significant for diabetes. She has had thoughts of harming or killing herself, but denies suicide attempts. Her prior work history includes employment as a fruit picker for 5 years and housekeeper for 2 years. She was noted to be in the moderate risk category for opioid use. PHQ-9 indicated she has major depressive syndrome and her score of 23 warrants treatment for depression, using antidepressant, psychotherapy and/or combination of treatment. The score also revealed that the patient's functionality is impaired due to depressive symptoms. The patient was continued on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY HELP EVALUATION X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): p.31-32.

Decision rationale: The request for multidisciplinary Help evaluation x 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a criteria for the general use of multidisciplinary pain management programs is the negative predictors of success have been addressed. A negative predictor of success would include high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability. The documentation indicates that the patient has had a PHQ-9 result which indicated she has major depressive syndrome and her score of 23 warrants treatment for depression, using antidepressant, psychotherapy and/or combination of treatment. The score also revealed that the patient's functionality is impaired due to depressive symptoms. Prior utilization review recommended addressing this factor because this would be a negative predictor of success for entering a functional restoration program. The documentation does not indicate that this was done. The request for multidisciplinary Help evaluation x 1 is not medically necessary.