

<b>Case Number:</b>	CM14-0082291		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Texas and Oklahoma. 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 40-year-old male who reported an injury on 06/13/2005 due to cumulative trauma. The injured worker had a history of ongoing mild lower back pain with right wrist pain with a diagnosis of thoracic and lumbar myofascial pain. The past surgical history included status post right carpal tunnel release times 2 of unknown dates. No diagnostics were provided. The objective findings dated 04/23/2014 revealed the lumbar spine with a forward flexion of 80 degrees, and extension 30 degrees. The upper body reflexes were 2/4 to the biceps, strength revealed a 5/5 and a 4/5 in the wrist and hand. The lower extremity reflexes were 2/4 at the knees, and 2/4 at the ankles. The injured worker had a positive Tinel's on percussion of the medial nerve to the right side and was noted with bilateral 5/5 strength in the lower extremities. The medication included Suboxone 0.5 mg, Cymbalta, Norco, Butrans patch, Diflur, and Tramcapc. The past treatments included physical therapy, home exercise program, and warm compresses. The treatment plan included the injured worker to start the HELP program times 90 hours. The request for authorization dated 07/21/2014 was submitted with the documentation. The rationale for the HELP program was to assist the injured worker with becoming more independent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Hours of Health Education for Living with pain (HELP) Interdisciplinary Pain Rehabilitation Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition. Pain Chapter; Functional Restoration Program Subheading.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** The request for 90 Hours of Health Education for living with pain (HELP) Interdisciplinary Pain Rehabilitation Program is not medically necessary. The CA MTUS guidelines recommend functional restoration program where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). 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: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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 (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); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. Per the guidelines the injured worker should be motivated to improve and return to work, however as part of the criteria for the HELP program a psychological; care should be provided, however the injured worker missed times 3 visits and it appears the part of the evaluation was performed without the injured worker present and also indicated that the injured worker was not motivated to participate in the HELP program. Per the clinical notes provided the injured worker. The clinical note also state that the injured workers Major depression is coming by substance abuse, then it is foreseeable that the injured worker's compliance with treatment maybe beyond the grasp of predication indeed, non-compliance is an element of the psychopathology. The guidelines also state that 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 injured worker has not exhausted all conservative treatment. As such, the request for 90 Hours of Health Education for living with pain (HELP) Interdisciplinary Pain Rehabilitation Program is not medically necessary.