

Case Number:	CM14-0084040		
Date Assigned:	07/21/2014	Date of Injury:	04/07/2005
Decision Date:	10/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old male who reported a date of injury of 04/07/2005. The mechanism of injury was indicated as a lifting and twisting injury. The injured worker had diagnoses of chronic low back pain, disc displacement (lumbar spine), status post microdiscectomy, microlaminectomy, left L4-5 nerve root impingement, and postlaminectomy syndrome. Prior treatments included physical therapy, traction, and the use of a TENS unit. The injured worker had an electromyogram of the lower extremities on 07/15/2013 with unofficial findings indicating abnormal due to denervation of right L5/S1 muscles and consistent with L5-S1 radiculopathy; an MRI of the lumbar spine on 11/13/2013 with unofficial findings indicating central posterior annulus tear at the L3-4 level, posterior disc osteophytic ridging which was accentuated in the left neural foramen causing relatively severe left foraminal narrowing and nerve root abutment at L4-5, disc osteophytic ridging accentuated posterolaterally, bilaterally, right worse than left with intraforaminal nerve root abutment bilaterally. Surgeries included a microlaminectomy and microdiscectomy on 01/10/2012. The injured worker had complaints of low back pain and bilateral upper leg pain. The clinical note dated 04/18/2014 noted the injured worker had a slight antalgic gait pattern favoring his left leg and reduced range of motion throughout the cervical spine with 30 degrees of flexion, 45 degrees of extension, 60 degrees of rotation bilaterally, and 10 degrees of side bending bilaterally. The range of motions of the upper extremities were normal. The range of motion of the thoracolumbar was 40 degrees of motion including both hip rotation and lumbar flexion, 10 degrees of lumbar extension, and 20 degrees of lumbar side bending bilaterally. The injured worker had increased pain and weakness associated with the deep knee bend maneuver, sensation of hypoesthesia in the L5-S1 distribution of the left leg, a positive straight leg raise and slump test on the left, and the injured worker's deep tendon reflexes were +2/5 bilaterally and symmetrical in the biceps, triceps,

brachioradialis, patellar and Achilles tendons. Medications included hydrocodone and marijuana. The treatment plan included the physician's recommendation for the injured worker to participate in a HELP interdisciplinary pain rehabilitation program. The rationale was indicated as a significant loss of ability to function independently, resulting from the chronic pain. The Request for Authorization form was not provided within the medical records received.

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 functional Restoration program.

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

Decision rationale: The request for a HELP program 90 hours is not medically necessary. The injured worker had complaints of low back pain and bilateral upper leg pain. The California MTUS Guidelines recommend chronic pain programs 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. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Components suggested for interdisciplinary care include the following services delivered in an integrative fashion to include: physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training, and education. Multidisciplinary treatment strategies are effective for patients with chronic low back pain in all stages of chronicity and should not only be given to those with lower grades of chronic low back pain. 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 to include baseline functional testing so followup 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; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments, to affect this change; and negative predictors of success have been addressed. There is a lack of documentation indicating the injured worker has significant loss of ability to function independently and has failed all conservative treatments, resulting from the chronic pain. Furthermore, the injured worker stated he needed assistance because of his fear of re-injury and fear of pain, however, this in itself does not cause a significant loss of ability to function independently. As such, the request is not medically necessary.