

<b>Case Number:</b>	CM14-0093806		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 & Pain Medicine and is licensed to practice in California. 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 36-year-old male, who reported injury on 12/02/2013. The mechanism of injury was from a motor vehicle accident. The injured worker's diagnoses included right acetabular labral tear, pubic symphysis diastasis, mechanical low back pain, abdominal wall sprain/strain, right sacroiliac joint dysfunction, and depression mild. The injured worker's past treatments included medications, physical therapy, home exercise program, sacroiliac belt, work modification, and behavioral therapy. The injured worker's diagnostic testing included official MRI of the pelvis on 02/26/2014, which revealed a tear of the superolateral portion of the right acetabular labrum, mild subchondral edema in the anterior portion of the left acetabulum, osteitis pubis, 15 mm lesion in the right intertrochanteric bone. The injured worker's surgical history was not provided. Per the clinical note dated 03/30/2014, the injured worker complained of pain in his right hand and wrist, pelvis and lower abdominal area, and groin and low back; the injured worker rated his pain 4/10, which may decrease to a 3/10 and increase to a 9/10. The injured worker had intact sensation, range of motion to the back with forward flexion at 90 degrees and extension at 30 degrees. The injured worker's strength throughout the lower extremities was 5/5, except for abduction and adduction to the hips, which was 4/5. The injured worker had positive straight leg raise bilaterally. The injured worker's medications included naproxen sodium 550 mg 1 tablet twice a day, tramadol 1 to 2 tablets 3 times a day, cyclobenzaprine 10 mg 1 tablet at bedtime, and Motrin 300 mg 1 tablet every 8 hours (frequency and dosages, some were not provided). The request is for special service/procedure/report. The rationale for the request was for the HELP program, an interdisciplinary pain rehabilitation program. The Request for Authorization form was submitted on 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special service/procedure/report:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , CHRONIC PAIN PROGRAM, Page(s): pp 30-32.

**Decision rationale:** The request for special service/procedure/report is not medically necessary. The injured worker is diagnosed with right acetabular labral tear, pubic symphysis diastasis, mechanical low back pain, abdominal wall sprain/strain, right sacroiliac joint dysfunction, and mild depression. The injured worker complained of right hand and wrist, pelvis and lower abdominal area, groin and low back pain rated 3/10 to 9/10. 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 should meet the patient selection criteria outlined below as follows. An adequate and thorough evaluation has been made, including baseline functional testing, so that follow-up with the same tests 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 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 forego secondary gains, including disability payments, to effect this change. Negative predictors of success have been addressed. The injured worker's medical records lack documentation of efficacy of other methods used to treat the pain. The injured worker's medical records indicate the trial of medications, physical therapy, home exercise program, SI belt, and work modification; however, they do not indicate the failure of these programs. The injured worker's medical records indicate the injured worker has an interest to return to work in the same field as he was previously in. The medical records indicate the injured worker has a significant loss of ability to function independently resulting from the chronic pain. The guidelines state a trial of 10 visits may be implemented to assess whether surgery may be avoided. The medical records indicate an adequate and thorough evaluation has been made, including baseline functional testing. The medical records indicated 160 hours over 6 weeks. As such, the request for special service/procedure/report is not medically necessary.