

Case Number:	CM14-0100840		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2008
Decision Date:	02/17/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Practice, 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:

This is a 41 year old male patient who sustained a work related injury on 1/29/2008 Patient sustained the injury when he was lifting bags The current diagnoses include lumbar degenerative disc disease and depressive disorder Per the doctor's note dated 5/6/14, patient has complaints of pain in the lumbar region at 5/10 Physical examination of the lumbar region revealed limited range of motion, tenderness on palpation and normal sensory and motor examination and negative SLR The current medication lists include Motrin, Vicodin, Celebrex, Cymbalta, Ibuprofen, The patient has had MRI of the lumbar spine on 4/29/2008 and 8/22/11 that revealed disc herniation and degenerative changes Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include lumbar ESI on 6/5/2008 any operative/ or procedure note was not specified in the records provided the patient has received an unspecified number of PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program for 80 hours between 5/6/2014 and 8/10/2014: 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended 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." In addition per the cited guidelines "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: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Physical examination of the lumbar region revealed normal sensory and motor examination and negative SLR any significant functional deficits that would require chronic pain management program was not specified in the records provided. The patient has received an unspecified number of PT and chiropractic visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. The patient has increased duration of pre-referral disability time - more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." He has had depressive disorder. The medical necessity of the request for HELP Program for 80 hours between 5/6/2014 and 8/10/2014 is not fully established for this patient.