

Case Number:	CM14-0193221		
Date Assigned:	12/01/2014	Date of Injury:	10/08/2010
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Pain Management 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 patient is a 62 year old male with date of injury 10/08/10. The treating physician report dated 10/27/14 (22) indicates that the patient presents with pain affecting unspecified muscles and inguinal neuralgia. The patient is currently prescribed Dexilant, Clonazepam, Hydrocodone/Acetaminophen, and Norco. Prior treatment history for the patient's chronic pain are unspecified and were ineffective. The current diagnoses are: 1. Myalgia and myositis, unspecified 2. Mononeuritis, unspecified site. The utilization review report dated 11/12/14 denied the request for an Initial Interdisciplinary HELP evaluation based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Interdisciplinary HELP Evaluation, per 10/27/14 report quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30,31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32, 49.

Decision rationale: The patient presents with unspecified muscle pain and inguinal neuralgia. The current request is for Initial Interdisciplinary HELP evaluation. The treating physician indicated that the current request would assist with the patient's chronic pain. The MTUS

guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program evaluation to help determine the best course of care for this patient to help decrease pain and improve function. The request is medically necessary.