

Case Number:	CM14-0194595		
Date Assigned:	12/02/2014	Date of Injury:	01/16/2009
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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, and is licensed to practice in New York. 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 27-year-old female with a date of injury of 10/16/2009. The mechanism of injury was lifting. Her relevant diagnoses included low back pain, discogenic low back pain, and myofascial low back pain. Her past treatments have included medications, physical therapy, a home exercise program, chiropractic care, a TENS unit, an epidural steroid injection was performed on 11/04/2011, and ice and heat therapy. Her diagnostic studies have included an MRI of the lumbar spine on 10/05/2010, an electrodiagnostic study on 10/07/2010, and an MRI of the lumbar spine on 06/27/2013. In the clinical note dated 11/05/2014, it was noted that the injured worker had complaints of back pain rated 8/10 without medication and with medication rated at 5-6/10. Her physical exam findings included her back range of motion, flexion at 80 degrees and extension at 10 degrees. She had tenderness to palpation over the spinous processes and paraspinal muscles of the lumbar spine. Her medication list included Ultram ER 100 mg 2 tablets at bedtime and Motrin 800 mg every 8 hours as needed for pain. The treatment plan included continuing medications and a daily stretching and exercise program. The rationale for the request was to teach the injured worker how to manage her pain. The Request for Authorization form is not included in the medical record. Her psychological evaluation dated 08/08/2014 included a Beck Depression Inventory, a State Trait Anxiety Inventory, and a Trait Anxiety Index Testing performed. She received a 23 on the Beck Depression Inventory-II, which places her in the moderate range for clinical symptoms of depression. On the State-Trait Anxiety Inventory she scored a 58, which is in the average range for symptoms of acute stress. She received a standard score of 76 on the Trait Anxiety Index, placing her in the moderate range for ongoing chronic stress. She could perform her self activities of daily living but could not perform home duties (cleaning, laundry, cooking) alone. She had stated she was motivated to make a change and return to work and it is documented that she was not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient HELP program x 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: The request for outpatient HELP program x80 hours is medically necessary. The injured worker has a history of pain in the middle of her lower back and into the bilateral hips. Her pain was constant, rated at an 8/10 without her medications and a 5/10 to 6/10 with her medications. She was looking for a job but was not sure she would be successful since she did not have the tools to return and maintain work. The California MTUS Guidelines for chronic pain programs or functional restoration programs state the criteria for entering a program as having an adequate and thorough multidisciplinary evaluations including baseline functional testing so follow-up with the same tests can be done to show functional improvement, previous methods of treating chronic pain have been unsuccessful, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate for surgery, the patient exhibits the motivation to change, and negative predictors of success have been addressed. Those negative predictors are a negative relationship with the employer, poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pretreatment levels of pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has had a psychological evaluation with a Beck Depression Inventory, a State Trait Anxiety Inventory, and a Trait Anxiety Index Testing performed, and all results were in the moderate to average range. She could perform herself activities of daily living but could not perform home duties (cleaning, laundry, cooking) alone. She had stated she was motivated to make a change and return to work and it is documented that she was not a surgical candidate. The negative predictors of efficacy of treatment/completion of the program have been addressed. Her documented objective functional deficits include lumbar flexion decreased by 50%, extension decreased by 25%, right and left side bending decreased by 25%, and right and left rotation decreased by 50%. Her lumbar strength was 4-/5 in all areas. As all criteria and negative predictors have been addressed, the request for outpatient HELP program x80 hours is medically necessary.