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| Case Number: | CM14-0205972 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 08/07/2004 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old male with a date of industrial injury 8-7-2004. The medical records indicated the injured worker (IW) was treated for depressive disorder not elsewhere classified; low back pain; morbid obesity; other chronic pain; myalgia and myositis, unspecified; and radicular syndrome of the lower limbs. In the progress notes (11-10-14), the IW reported he was not getting his medications due to lack of authorization and he had not received information regarding his HELP evaluation. Medications were listed as Norco 5-325mg and Venlafaxine ER 37.5mg. No subjective complaints were documented. There was no physical exam documented. The notes stated the IW had previously undergone methods of treating chronic pain, but which were ineffective for managing his pain. The methods attempted were not described. A Request for Authorization was received for one HELP evaluation as an outpatient. The Utilization Review on 12-2-14 non-certified the request for one HELP evaluation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS Guidelines have a very specific criteria recommended prior to an evaluation and potential participation in a chronic pain program. A key criteria is that only proven successful programs should be considered and there is no supporting information provided of successful outcomes accompanying the request for an evaluation for the program. Prior to moving forward with an evaluation, the program should provide the "employer" with data that addresses their success with the workers compensation population i.e. percentage that return to work and percentage that are successfully weaned from opioids on a long term basis. Pending receipt of this information, the HELP Evaluation is not supported by Guidelines and is not medically necessary.