

Case Number:	CM14-0054927		
Date Assigned:	07/07/2014	Date of Injury:	11/02/2012
Decision Date:	04/07/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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, Massachusetts

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:

The injured worker (IW) is a 53-year-old male who sustained an industrial injury on 11/02/2012. He has reported back and rib pain and depression. Diagnoses include closed fracture of thoracic vertebrae; myalgia and myositis, unspecified; and pain in thoracic spine. According to the April 4, 2014 provider notes, he has chronic pain syndrome. Treatment to date includes physical therapy, and medications with medication management. A progress note from the treating provider dated 03/03/2014 indicates he is in compliance with his pain contract and medication consumption. He reports increased activities of daily living from medication use, and denies any adverse effects of his medication. He currently receives refills of the following medications through his pain clinic. Methadone Hcl 10 mg tablets, sig: Take one tabled by mouth twice daily, and hydrocodone/Acetaminophen 10 mg/325mg tablets, sig: Take one tablet twice daily. On 04/04/2014, a request was placed by the primary provider for 90 hours HELP (a program for functional restoration). On 04/11/2014 Utilization Review non-certified a request for HELP Interdisciplinary pain rehabilitation program, QTY: 90 hours. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Interdisciplinary pain rehabilitation program, QTY: 90 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 30-32.

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

Decision rationale: According to MTUS guidelines, interdisciplinary pain rehabilitation program is indicated under the following conditions; (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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. According to my review of the records the above clinical guidelines have been met and consequently a trial of functional restoration program is appropriate. As noted in the initial peer reviewer note, the duration of initial trial of treatment is limited to 2 weeks. While the total hours of initial trial is not outlined, 90 hours is beyond the scope of initial trial. I would recommend the provider consider starting with a trial of functional restoration program for 2 weeks (ie. 10 half day sessions = 40 hours) prior to requesting a full functional restoration program of up to 20 full day sessions. Considering the discrepancy between the guidelines and the requested duration of treatment, this specific request for 90 hours of treatment is beyond the scope of the clinical guidelines.