

Case Number:	CM15-0143403		
Date Assigned:	08/04/2015	Date of Injury:	12/12/2014
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation

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 49-year-old female who sustained an industrial injury on 12-12-14. Initial complaints include neck low back, and shoulder pain. Initial diagnoses are not available. Treatments to date include medications, exercise program, TENS unit, modified duty, and physical therapy. Diagnostic studies include MRIs of the lumbar and cervical spines on 03-12-15, which showed minor disc bulges. Current complaints include chronic pain in the neck, bilateral shoulders, back, right leg and bilateral feet. Current diagnoses include lumbar spondylosis with facet arthropathy and disc degeneration, right L5-S1 radiculopathy symptoms, and myofascial restrictions of the lumbar spine. In a progress note dated 06-23-15 the treating provider reports the plan of care as electrodiagnostic studies of the bilateral legs, a HELP multidisciplinary evaluation, and Norco. The requested treatments include a HELP multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Multidisciplinary Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: Symptoms are unchanged without any new trauma or progressive clinical change. The patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, with plan for further diagnostic testing. The HELP Multidisciplinary Evaluation is not medically necessary and appropriate.