

Case Number:	CM15-0147960		
Date Assigned:	08/10/2015	Date of Injury:	05/09/2006
Decision Date:	09/14/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, 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:

The applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 9, 2006. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for a Help full-day functional restoration program evaluation. An office visit dated June 16, 2015 and an RFA form dated July 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported issues with myofascial pain syndrome with reflex sympathetic dystrophy. Neurontin, Nexium, tramadol, and permanent work restrictions were endorsed. It was acknowledged that the applicant was not, however, working with said permanent limitations in place. The applicant's complete medication list included Neurontin, Nexium, tramadol, Protonix, Skelaxin, and ThermaCare heat wraps, it was reported. On May 19, 2015, the applicant was described as using Valium, tramadol, and Neurontin. The applicant was asked to try and maintain mobility. Ongoing complaints of low back pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation, HELP evaluation full day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

Decision rationale: No, the proposed HELP functional restoration program evaluation/consultation-full day-was not medically necessary, medically appropriate, or indicated here. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines notes that, the longer an applicant suffers from chronic pain, the less likely any treatment, including a functional restoration program, will be effective. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position by noting that an evaluation for treatment in a multidisciplinary program should be considered in applicants who are prepared to make the effort to try and improve, here, however, it did not appear that the applicant was prepared to make the effort to try and improve. The attending provider acknowledged that the applicant remained off of work on June 16, 2015. The applicant was over nine years removed from the date of injury as of that date. It did not appear that the applicant was willing to forgo secondary gains, including disability and/or indemnity benefits in an effort to try and improve. The attending provider did not clearly state or clearly outline how he believed the functional restoration program and associated evaluation could potentially be of benefit here, given the duration of the applicant's disability and duration of chronic pain complaints. Therefore, the request was not medically necessary.