

Case Number:	CM15-0182297		
Date Assigned:	09/23/2015	Date of Injury:	08/18/2007
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 08-18-2007. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for low back pain, cervicgia, and lower leg joint pain. Treatment and diagnostics to date has included right knee surgery, electromyography, and medications. Current medications include Baclofen, Celebrex, Gabapentin, and Hydrocodone. In a progress note dated 08-25-2015, the injured worker presented with persistent low back pain. The treating physician noted that the injured worker stated that "he needs to at least return to part-time work to be able to provide food, water, and shelter, as well as maintain his functional independence". The request for authorization dated 09-08-2015 requested HELP evaluation, one time, and full-day. The Utilization Review with a decision date of 09-14-2015 non-certified the request for HELP interdisciplinary pain rehabilitation program evaluation, one-time, full day.

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 evaluation, one-time, full day:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in August 2007 as the result of a rollover motor vehicle accident and continues to be treated for chronic pain. The requesting provider has treated him since May 2012 and a functional restoration program has been requested since the initial evaluation. Authorization for a functional restoration program evaluation was obtained but the claimant failed to attend the evaluation in September 2012. On 08/25/15 the claimant indicated that he was no longer receiving disability compensation and unable to support himself and he had realized that he needed to return at least to part-time work. Authorization is being requested again for an evaluation for a functional restoration program. Prior treatments have included medications, physical therapy, and ongoing psychiatric care and he continues to be treated for depression and posttraumatic stress disorder. A Functional Restoration Program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as is being requested. In this case, the claimant had previously been approved for a functional restoration program evaluation. He now appears motivated to return at least to part-time work. There are no planned new interventions and a non-interdisciplinary approach has been tried. For these reasons, the request is medically necessary.