

Case Number:	CM15-0192488		
Date Assigned:	10/06/2015	Date of Injury:	07/19/2013
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: Pennsylvania, Ohio, 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 35 year old female, who sustained an industrial injury on July 19, 2013, incurring low back injuries. She was diagnosed with left sided sprain and lower back strain. Treatment included the HELP program which may have included medical management, neuropathic medications, physical therapy, stress management, psychotherapy, relaxation training, educational, safety and functional management. Other treatment included topical analgesic gels, pain medications, antiemetic medications, and activity restrictions. Currently, the injured worker complained of persistent low back muscle spasms and pain radiating into the lower extremity. Her progression was very slow and inconsistent due to the chronic pain. Her standing tolerance, including walking and lifting was poor. The treatment plan that was requested for authorization on September 30, 2015, included a HELP [REDACTED] program addition 50 hours (10 days). On September 22, 2015, a request for the HELP program for additional hours was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP [REDACTED] program additional 50 hours (10 days): Upheld

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

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

Decision rationale: MTUS discussion of functional restoration program treatment requires periodic integrative summary reports which document progress in the program and a rationale for ongoing goals in such a program. In this case the records document minimal progress from initial FRP treatment; it is not apparent that additional FRP treatment would be meaningfully effective beyond that treatment which could be provided in a traditional unimodal office-based fashion. This request is not medically necessary.