

Case Number:	CM15-0194291		
Date Assigned:	10/08/2015	Date of Injury:	08/09/2013
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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 54-year-old female, with a reported date of injury of 08-09-2013. The diagnoses include left shoulder joint pain, chronic bilateral neck pain, cervical disc degeneration, myofascial pain syndrome, severe depression, anxiety, and sleep disorder secondary to pain. Treatments and evaluation to date have included aspirin, Omeprazole, physical therapy, acupuncture, exercise program, massage, Tramadol, Etodolac, and Lodine. The diagnostic studies to date have included an MRI of the cervical spine on 08-22-2014 which showed concentric uncovertebral hypertrophy at C4-5, C5-6, and C6-7, central canal narrowing, neural foraminal narrowing, broad-based disc osteophyte complex, and some degree of muscle spasm and pain. The medical report dated 08-11-2015 indicates that the injured worker was evaluated as part of an interdisciplinary assessment. The treating physician felt that the injured worker was an appropriate candidate for participating in an interdisciplinary pain rehabilitation program. She reported neck, back, and left shoulder pain. The current intensity of the pain was rated 3-4 out of 10. The injured worker reported that the pain may decrease to 3 out of 10 at best, or increased to 8 out of 10 at its worst. She reported that she needed help with home duties, and was unable to lift heavy groceries, prepare heavy meals, had trouble unloading the dishwasher, was unable to vacuum, and had trouble cleaning the bathroom. It was noted that the injured worker described significant symptoms of depression. The physical examination showed a depressed mood; full range affect; normal thought process and thought content; moderate spasm in the bilateral suboccipital and bilateral cervical paraspinals; spasm in the bilateral trapezius; spasms in the rhomboids; moderate spasm in the thoracic paraspinals; no spasm in the lumbar paraspinals or

quadratus lumborum; no tenderness over the bilateral greater trochanters, bilateral sacroiliac joints, or bilateral piriformis muscles; tenderness to palpation of the cervical spinous processes; positive cervical compression test with pain radiating into the left arm, up to her fingers on relatively light cervical compression; decreased cervical lordosis; mildly increased thoracic kyphosis, and normal lumbar lordosis; an antalgic gait' decreased arm swing; decreased cervical spine range of motion; normal right shoulder range of motion; decreased left shoulder range of motion; normal lumbar spine range of motion; slightly decreased sensation to light touch, pinprick, and temperature in C6, C7, and C8 distribution on the left; and negative bilateral straight leg raise test. The treating physician stated that the injured worker was "significantly depressed, at least moderately severe". The injured worker was not currently working. The request for authorization was dated 09-15-2015. The treating physician requested HELP program, 80 hours. On 09-21-2015, Utilization Review (UR) non-certified the request for HELP program, 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program 80 hours: Overturned

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): Functional restoration programs (FRPs).

Decision rationale: The patient was injured on 08/09/13 and presents with pain her neck, back, and left shoulder. The request is for HELP program 80 hours. The utilization review rationale is that "the patient's outlook about future employment is somewhat unclear. It is noted that the patient retired three days post injury. As such, the medical records do not clearly delineate what type of work the patient intends to return to." The RFA is dated 09/15/15 and the patient is not currently working. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is diagnosed with left shoulder joint pain, chronic bilateral neck pain, cervical disc degeneration, myofascial pain syndrome, severe depression, anxiety, and sleep disorder secondary to pain. Treatment to date includes medications, physical therapy, acupuncture, exercise program, and massage. The 08/11/15 HELP evaluation states that the patient does not want surgical procedures has had a significant loss of ability to function independently, has a very strong motivation to return to work and to be able to support herself have assessed the indicated potential negative predictors of success, specifically her depression. Given that the treater has discussed all six factors for the FRP as required by MTUS Guidelines, a trial of 80 hours of the HELP program appears reasonable. The request is medically necessary.