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| <b>Case Number:</b>   | CM15-0195238 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 12/04/2012 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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 37-year-old who has filed a claim for chronic neck, low back, hip, and groin pain reportedly associated with an industrial injury of December 4, 2012. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for a HELP functional restoration program "evaluation and treatment." The claims administrator referenced an August 5, 2015 office visit in its determination. The claims administrator contended that the request has been denied via several previous Utilization Review reports. On February 9, 2015, the attending provider noted that the applicant had issues with constant chronic pain with derivative complaints of depression. The attending provider stated that the claimant had developed transaminitis with Cymbalta. The attending provider then suggested that the applicant pursue an "intensive residential treatment program" to manage his chronic pain complaints and depression. On December 3, 2014, the attending provider sought authorization for a functional restoration program in a highly templated manner. On October 1, 2014, the attending provider suggested that the applicant remain off of work, on total temporary disability, owing to multifocal pain complaints. On June 6, 2014, the attending provider suggested that the applicant remain off of work, on total temporary disability. The attending provider maintained that the claims administrator should conform to the recommendations of an Agreed Medical Evaluator (AME). The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated February 9, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP Evaluation and Treatment:** 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): Introduction, Chronic pain programs (functional restoration programs).

**Decision rationale:** No, the proposed HELP functional restoration program “evaluation and treatment” was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in the multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, there is no mention of the applicant's willingness to make the effort to try and improve. There was no mention made of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve. Rather, it appeared that the applicant was intent on maximizing disability and indemnity benefits. The applicant was placed off of work via multiple office visits, referenced above, interspersed through 2014 and 2015, including on January 28, 2015. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, thus, the request for a HELP functional restoration program of unspecified duration was at odds with page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Since both the evaluation and treatment components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.