MAXIMUS Federal Services

Case Number:	CM15-0206210		
Date Assigned:	10/23/2015	Date of Injury:	06/26/2007
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 02-26-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar degenerative disc disease and displacement of lumbar disc. Medical records (03-27-2015 to 09-22-2015) indicate ongoing low back pain, leg pain and buttock pain. Pain levels were rated 6-7 out of 10 in severity on a visual analog scale (VAS). Records also indicate that the IW continues have difficulty performing beyond an 8 hour day due to fatigue and lack of endurance. Per the treating physician's progress report (PR), the IW has returned to seasonal work. The physical exam, dated 09-22-2015, revealed no objective findings. Relevant treatments have included: hernia repair surgery, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that that the previous sessions of PT were successful; however, the amount has been exhausted and the IW would like to try a more intense therapy for his residual low back pain. The request for authorization (10-07-2015) shows that the following service was requested: HELP Multidisciplinary Evaluation. The original utilization review (10-13-2015) non-certified the request for HELP Multidisciplinary Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Multidisciplinary Evaluation: Overturned

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): Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention.

Decision rationale: According to the guidelines , a multidisciplinary program is appropriate within the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work (already working seasonally). The claimant has failed other conservative measures. The request for the a HELP evaluation is appropriate.