

Case Number:	CM15-0219095		
Date Assigned:	11/12/2015	Date of Injury:	02/23/2015
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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, Illinois

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 injured worker is a 54 year old female, who sustained an industrial injury on 2-23-2015. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, myofascial spasm, shoulder strain and severe depression. A recent progress report dated 9-23-2015, reported the injured worker complained of low back pain rated 6 out of 10. Physical examination revealed good shoulder range of motion with end point pain, left leg weakness and radiculopathy type pain. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy, electrical stimulation and medication management. On 10-5-2015, the Request for Authorization requested 80 hours of a HELP program. On 10-21-2015, the Utilization Review noncertified the request for 80 hours of a HELP program.

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): Chronic pain programs (functional restoration programs).

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

MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention.

Decision rationale: The injured worker sustained a work related injury on 2-23-2015. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, myofascial spasm, shoulder strain and severe depression. Treatments have included TENS (transcutaneous electrical nerve stimulation), physical therapy, electrical stimulation and medication management. The medical records provided for review do indicate a medical necessity for Help program, 80 hours. The medical records indicate had received 12 physical therapy visits, treated with medications, and released from care on 05/11/15 but was still remained on off duty till 05/22/15, and she was asked to follow up with orthopedist. The medical records indicates she is depressed, she has good support system, she is motivated to work, she is not on opioid medications; she has completed Functional Restoration Evaluations and she was determined to be an appropriate candidate, and goals were set for her treatment. Also, the physiological evaluation indicates arrangement was made on how to handle the depression through the use of antidepressants. From the evaluation of the medical records, this is a case of delayed recovery, who was released from care when she was still in need of orthopedics evaluation; however, the orthopedist has determined she is not surgical candidate. Based on the foregone, this case merits the MTUS recommended criteria for Functional Restoration Program. Therefore, the request for a Help program, 80 hours is medically necessary.