

Case Number:	CM15-0049572		
Date Assigned:	03/23/2015	Date of Injury:	08/24/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female who sustained an industrial injury to her neck, thoracic and lumbar spine when involved in a motor vehicle accident (rear-ended) on August 24, 2012. The injured worker was diagnosed with lumbar degenerative disc disease, cervical spondylosis with myofascial pain and calcaneal spur. The injured worker has undergone physical therapy, traction, transcutaneous electrical nerve stimulation (TEN's), massage, home exercise program, acupuncture therapy, relaxation training, chiropractic therapy, and medication. According to the physician's progress report on February 4, 2015, the patient continues to experience cervical and lumbar pain with stiffness, tenderness and poor body posture mechanics. Reflexes are intact. The injured worker is not a candidate for surgery and previous chronic pain modalities have been unsuccessful. The injured worker is currently working with job modifications but feels that the pain and spasms are making it increasingly more difficult to maintain work and her home life. Current medications are listed as Skelaxin, Soma, Meloxicam and Deep Blue rub. Treatment plan consists of continuing with home exercise program, medication and the requested authorization for HELP Program for 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program (Hours), #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoradon programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work-related injury in August 2012. Treatments have included physical therapy including a home exercise program. The claimant has been able to return to work at modified duty. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain. In this case, the claimant has been able to return to work. Additionally, treatment is not suggested for more than two weeks without demonstrated effectiveness with subjective and objective gains. In this case, the duration of requested treatment was not specified. Therefore, participation in the requested program is not medically necessary.