

Case Number:	CM15-0053589		
Date Assigned:	03/27/2015	Date of Injury:	04/13/1999
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
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 55 year old female, who sustained an industrial injury on April 13, 1999. The injured worker reported a right foot crush injury. The diagnoses have included crushing injury of the right foot, nerve entrapment right lateral ankle and lumbosacral radiculitis. Treatment to date has included medications, radiological studies, heat treatments and a home exercise program. Current documentation dated January 28, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities, worse on the right side. Associated symptoms included numbness and tingling of the right leg and difficulty in walking. Physical examination of the lumbar spine revealed tenderness and spasms of the right paravertebral region, a decreased range of motion and an antalgic gait. Special testing was negative. The treating physician's plan of care included a request for an Interdisciplinary Pain Rehabilitation Program (HELP) pain management program for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Visits for HELP (interdisciplinary pain rehabilitation program) pain management program 4 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs Page(s): 49.

Decision rationale: The request is considered not medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve her symptoms. The patient has not been documented to have failed all modalities of conservative treatment. There was no documentation of baseline functional testing, motivation of the patient to change, or that negative predictors of success have been addressed. The patient is supposed to have a functional restoration pain management evaluation to determine her appropriateness for a functional restoration program. Until then, the request is not medically necessary.