

<b>Case Number:</b>	CM15-0057281		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male, who sustained an industrial injury on 2/14/03. He reported initial complaints of right shoulder injury. The injured worker was diagnosed as having somatic dysfunction cervical region; left de Quervain's tenosynovitis; right rotator cuff tear; bilateral carpal tunnel syndrome; polyarthropathy; moderate depression; chronic pain syndrome. Treatment to date has included braces/casts; physical therapy; TENS unit; trigger point injections; nerve blocks; acupuncture; chiropractic sessions; status post bilateral carpal tunnel release (4/15/10); status post left shoulder arthroscopy with debridement biceps tenotomy, SLAP lesion repair, subacromial decompression, open biceps tenotomy (10/8/13); EMG/NCV upper extremities (1/16/15) . Currently, the PR-2 notes dated 3/3/15; the provider is requesting the injured worker stay on the prescribed medications including oxycodone, morphine, Ambien until after the HELP program is completed. A Functional Restorative Program Summary Report for dates 2/23/15 - 2/27/15 indicates the injured worker participated in a Functional Restorative program before. A HELP evaluation was completed on 7/28/14. These notes indicate the injured worker has described his pain in the right shoulder and neck regions as well as pain, swelling and numbness in both upper extremities. Recent EMG/NCV upper extremities indicate severe bilateral ulnar elbow neuropathy. The injured worker does have co-morbid conditions but surgical intervention is being considered. The provider is requesting the injured worker stay on the prescribed medications until after the additional HELP (Health Education for living with Pain) program of 80 hours is completed.

## 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 Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (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. MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains", and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved". Medical documentation provided did provide sufficient information to warrant certification for a full program. Treatment notes do clearly explain the rationale for a treatment program consisting of 160 hours with providing interim evidence of progress. As such, the request for HELP program 80 hours is medically necessary.