

<b>Case Number:</b>	CM15-0062961		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, New York, California  
 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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2013. In a Utilization Review report dated February 22, 2015, the claims administrator failed to approve a request for a HELP [REDACTED] program. The claims administrator referenced an RFA form received on February 19, 2015 in its determination. The applicant's attorney subsequently appealed. On August 29, 2014, the applicant was placed off-of work, on total temporary disability, owing to reported complaints of hip pain. Unspecified medications were renewed. The applicant was likewise placed off of work via an earlier note dated May 12, 2014. The attending provider appealed the previously denied HELP functional restoration program. On January 26, 2015, the attending provider reiterated his request for a functional restoration program, stating that it is unlikely the applicant will undergo surgical intervention at this point. The applicant was placed off of work while functional restoration program was sought. On March 13, 2015, the applicant reported ongoing complaints of hip pain. The attending provider seemingly reiterated his request for the HELP functional restoration program. Paxil was introduced for depression. The applicant was asked to continue Tylenol No. 3 and Naprosyn while remaining off-of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP [REDACTED] program:** Upheld

**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).

**Decision rationale:** No, the request for a HELP functional restoration (██████) program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criteria for pursuit of a chronic pain program or functional restoration program is evidence that an applicant is motivated to improve and is willing to forgo secondary gains, including disability payments, in an effort to effect said change. Here, however, all evidence on file pointed to the applicant's seeming intention to maximize disability and/or indemnity benefits. There was no mention of the applicant's willingness to forgo disability or indemnity benefits in an effort to try and improve. The applicant was kept off-of work during large portions of the claim, including on the January 26, 2015 and March 13, 2015 progress note in which the request was initiated. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another primary criteria for pursuit of a chronic pain or functional restoration program is evidence that previous methods of treatment had proven unsuccessful and there is absence of other options likely resulting in significant clinical improvement. Here, however, the applicant had significant issues with depression which were impeding and delaying his recovery, the treating provider reported on March 13, 2015. Paxil, an SSRI antidepressant, was introduced on that date. It did not appear, in short, that the applicant had maximized and/or optimized psychiatric or psychological treatment via psychotropic medications and/or psychological counseling prior to the request for a HELP functional restoration program being initiated. Other treatment options were seemingly possible which could have generated significant improvement here. Therefore, the request was not medically necessary.