

Case Number:	CM15-0088285		
Date Assigned:	05/12/2015	Date of Injury:	01/19/2000
Decision Date:	08/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: California, North Carolina
 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 57 year old female, who sustained an industrial injury on January 19, 2000. She reported injury to her head, neck and arm. The injured worker was most currently diagnosed as having lumbar spine pain and sacroiliac arthropathy. Treatment to date has included diagnostic studies, surgery, medication, braces/casts, physical therapy, massage, exercises, trigger point injections, nerve blocks, biofeedback, psychotherapy, acupuncture and transcutaneous electrical nerve stimulation unit. On June 26, 2015, the injured worker complained of lower back pain rated as an 8 on a 0-10 pain scale. The pain radiated to the lower back, right buttock, right hip, right thigh and right groin area. The pain is aggravated by walking, standing, moving, physical activity and sitting. Relieving factors include application of heat and rest. Her activities of daily living were noted to be impaired due to the pain. The treatment recommendations included S1 joint injection. Notes stated that she failed conservative treatments including physical therapy. On May 1, 2015, Utilization Review non-certified the request for HELP Program twelve days equating to sixty hours to cervical, low back and right forearm/wrist, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient HELP program interdisciplinary intensive chronic pain rehabilitation program (CPRP) twelve (12) days equating to sixty (60) hours for the cervical, low back and right forearm/wrist: Upheld

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 Functional Restoration programs Page(s): 49.

Decision rationale: Outpatient HELP programs (interdisciplinary intensive chronic pain rehab programs) are geared to patients with chronic disabling occupational musculoskeletal disorders. In this case, the date of injury was 2000, and the patient complains of chronic cervical, low back and right forearm and wrist pain. The request is for 12 days, 60 hours of therapy. The patient has completed 15 of the 20 authorized sessions. The remaining 5 sessions should provide ample time to address any ongoing deficits and transition the patient to a home exercise program. The request is not medically necessary.