

<b>Case Number:</b>	CM14-0160167		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/31/1994
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male who has submitted a claim for backache, myalgia and myositis, opioid type dependence and major depressive disorder, associated with an industrial injury date of March 31, 1994. Medical records from 2014 were reviewed. The patient complained of low back pain rated 8/10. He has undergone HELP functional restoration program back in 2001. Currently, he has significant loss of ability to function independently and has experienced functional decline due to chronic pain. He exhibits motivation to change, specifically in regaining functional independence, and is not a surgical candidate. Current MED factor is 180. Physical examination showed decreased cadence; decreased range of motion of the lumbar spine; spasm of the quadratus lumborum, spinous musculature, and gluteal region; and positive straight leg raise on the right at 80 degrees. The diagnoses were chronic back pain, opioid dependence, post laminectomy syndrome, and major depressive disorder. As his function is currently self-limited due to pain and fear of re-injury, he will require education from an FRP. Treatment to date has included Norco, Oxycontin, Prozac, MS Contin, Vicodin, Kadian, Trazodone, Cymbalta, Soma, physical therapy, home exercise program, massages, TENS, ice therapy, lumbar fusion surgery, trigger point injections, nerve blocks, and HELP functional restoration program. Utilization review from September 17, 2014 denied the request for 80 hours HELP pain program. The documentation did not include the evaluation and progress notes from the previous HELP functional restoration program attended in 2001. Previous goals set and obtained within the program cannot be discerned. There was also no documentation whether reduction of opioid medication was addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP Pain Program, x 80 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

**Decision rationale:** According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing was made; previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; and negative predictors of success have been addressed. In this case, the patient was diagnosed with chronic back pain, opioid dependence, post laminectomy syndrome, and major depressive disorder. He has undergone HELP functional restoration program back in 2001. However, the goals and outcome of the previous program were not discussed. It is unclear whether the treatment was beneficial to the patient and whether opioid dependence was addressed. Moreover, the medical records provided did not show objective evidence of significant loss of ability to function independently, or failure of other conservative treatment to manage pain. Likewise, the records did not show that negative predictors of success such as depression were addressed. Therefore, the request for HELP Pain Program, x 80 hours is not medically necessary.