

<b>Case Number:</b>	CM14-0161142		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 48 year old female who was injured on 10/20/2010. The diagnoses are upper back, neck and right arm pain. There are associated diagnoses or anxiety disorder and depression. The patient completed massage, TENS use, acupuncture, and functional restoration programs in 2013 with significant beneficial effects. ██████████ noted that the patient had completed cervical epidural injection, facet injections and radiofrequency ablation. The UDS in 2012 and 2013 was positive for marijuana and negative for prescribed opioids. On 2/27/2013, ██████████ noted that the patient had difficulty with transportation and lack of funds that limited regular transportation to scheduled HELP program. A Utilization Review determination was rendered on 9/29/2014 recommending non-certification for transportation to HELP program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to HELP Program (in days) QTY: 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg - Acute and Chronic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that functional restoration programs can be utilized for the treatment of chronic pain patients with significant psychosomatic disorders. The records indicate that the patient have complex psychosomatic disorders that have affected her recovery for the musculoskeletal injury. There is documentation of financial and transportation issues that prevented on time attendance to the HELP program in 2013. The criteria for transportation to 30 days HELP program was met.