

Case Number:	CM14-0180361		
Date Assigned:	11/05/2014	Date of Injury:	06/17/2013
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 49 year old male who had a work injury dated 6/17/13. The diagnoses include low back pain; lumbar degenerative disc disease; myofascial pain. Under consideration are requests for HELP one time, 1 full day. There is a 3/25/14 physician that states that the patient is casually dressed and appropriately groomed. He is cooperative. He is not engaging in any excessive pain behaviors. The patient clearly moves fluidly from a seated to a standing position. He has full range of motion and is not impeded at all in his gait. His gait is actually normal. Despite the benign nature of his physical exam, the patient is clearly severely depressed. There is evidence of psychomotor depression. The patient is oriented to person, place, time and orientation. His speech is of normal rate, tone, and volume. His mood is significantly depressed. His affect is appropriate. There is evidence of psychomotor depression, but his affect is appropriate. The treatment plan states that the physician requests psychiatrist evaluation, physical therapy and functional restoration evaluation as well as cervical spine imaging. Per documentation an IME dated 12/31/13 indicated that the disability was "slight low back restriction" and "need for permanent work restriction from lifting over 40 pounds. A 9/18//14 document states that his physical examination is unchanged from previously and a prescription again for Cymbalta starting at 20 mg, was written. He will be increased to 40 mg gradually. The provider again requests an urgent psychiatric and psychological evaluation and treatment as well as an evaluation for the HELP functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP one time, 1 full day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-34.

Decision rationale: HELP one time, 1 full day is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Outpatient pain rehabilitation programs may be considered medically necessary under certain criteria including when the patient has a significant loss of ability to function independently resulting from the chronic pain; and when negative predictors of success have been addressed which include high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability. The documentation indicates that the patient does not have significant functional disability causing loss of independent function. Furthermore, the patient is still awaiting the results of increasing Cymbalta and possible psychological treatment. The request for HELP one time, 1 full day is not medically necessary.