

Case Number:	CM14-0182619		
Date Assigned:	11/07/2014	Date of Injury:	01/19/2000
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 1996. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an earlier lumbar fusion surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated October 8, 2014, the claims administrator approved BuTrans patches, approved Cymbalta, and denied a HELP Program evaluation. The HELP Functional Restoration Program evaluation was apparently denied on the grounds that the attending provider had reportedly failed to discuss various criteria, including negative predictors of success. The applicant's attorney subsequently appealed. In a progress note dated November 10, 2014, the applicant reported ongoing complaints of chronic neck and low back pain, moderate to severe. The applicant was using three to four Norco a day, in addition to BuTrans patches. The applicant was asked to employ BuTrans at a heightened dose. The applicant was asked to continue Norco and tramadol from another provider and start Cymbalta and Lidoderm patches. The applicant was in the process of finding a new primary treating provider on the grounds that she is dissatisfied with her current provider. The applicant was placed off of work, on total temporary disability, until the next visit. In an August 22, 2014 office visit, the applicant reports ongoing complaints of neck, back, and bilateral leg pain. The applicant was reportedly using Klonopin, Norco, tramadol, and Cymbalta, it was further noted. The applicant suggested that various issues, including disability claims and chronic pain ran in her family. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, it was further noted. The requesting provider stated that the applicant should be evaluated to determine her suitability to participate in 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 program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an evaluation for admission for treatment in a multidisciplinary treatment program should be should be "considered" in applicants who are prepared to make the effort to try and improve, in this case, however, there was no mention of the applicant's willingness to make an effort to try and improve. There was no mention of the applicant's willingness to forgo disability benefits and/or workers' compensation indemnity benefits in an effort to try and improve. Rather, all information on file suggested that the applicant was intent on maximizing both workers' compensation indemnity and Social Security Disability Insurance (SSDI) benefits. Therefore, the request is not medically necessary.