

Case Number:	CM14-0185542		
Date Assigned:	11/13/2014	Date of Injury:	02/26/1998
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 patient is a 60-year-old female who has submitted a claim for lumbago associated with an industrial injury date of 2/26/1998. Medical records from 9/13/2013 up to 8/28/2014 were reviewed showing frequent pain in the mid and low back with radiations to the right leg, 3-10/10 in intensity. The pain was described as dull, aching, throbbing, shooting, sharp, cold, and numbing. In terms of activities of daily living, she noted that she does not need assistance with bathing, dressing, or grooming. As per progress report dated 3/24/2014, other treatment options from a physiatry standpoint were discussed. As per progress report dated 2/24/2014, other options for pain management such as use of an intrathecal pump and Suboxone therapy were also discussed. Lumbar examination showed substantial increased tension across the lumbar spine with restricted ranges of motion. Sensory exam was normal. Her gait was stiff with a slightly slow speed but with symmetrical stride length and stance phase. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulator (TENS), massage, exercise program, trigger point injections, and surgery. The utilization review from 10/20/2014 denied the request for 1 HELP evaluation. The patient has not failed to respond to previous treatments and there are other options that are likely to improve her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HELP 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 Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on 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; 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; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient continues to have frequent pain in the mid and low back with radiations to the right leg, 3-10/10 in intensity. The pain was described as dull, aching, throbbing, shooting, sharp, cold, and numbing. However, there was no documentation of significant loss of function due to her chronic pain as she is still able to perform her activities of daily living such as bathing, grooming, and dressing. Other options for pain management were also discussed in prior reports such as the use of intrathecal pump, Suboxone therapy, and physiatry. However, there was no evidence of failure of the aforementioned options. Therefore, the request for 1 HELP evaluation is not medically necessary.