

Case Number:	CM14-0185653		
Date Assigned:	11/13/2014	Date of Injury:	12/26/2000
Decision Date:	12/19/2014	UR Denial Date:	10/31/2014
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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 injured worker is a 47 year-old female with a date of injury of December 26, 2000. The patient's industrially related diagnoses include lumbago, left leg sciatica, and L1 compression fracture. The disputed issue is a request for 80 hours for the HELP program. A utilization review determination on 10/31/2014 had non-certified this request. The stated rationale for the denial was: "In this case, additional information was needed and requested form which the provider responded as detailed above. Based on the information received and the records reviewed, it appears that there are many predictors of program failure which the provider has not adequately addressed including significant levels of psychological factors such as severe depression and anxiety, long duration of disability since 2000, significant levels of pain rated 10/10 that might decrease to 8/10 despite the long-term use of opioids, for which a moderate rush for addiction and/or abuse was noted. Also, it appears that the two main program goals noted as increasing walking and standing from 5 minutes to 30 minutes are insignificant or incongruous to the many negative predictors, as well as numerous functional deficits and impairments noted. Moreover, it seems that for the purpose of achieving these goals, an 80-hour interdisciplinary program is excessive and plagued by too many negative predictors for success."

IMR ISSUES, DECISIONS AND RATIONALES

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

80 hours for the HELP Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Chronic pain programs (. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

Decision rationale: Regarding the request for 80 hours at the HELP (Health Education for Living with Pain) Program, an interdisciplinary pain rehabilitation program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and, negative predictors of success have been addressed. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Within the submitted medical records available for review, there was documentation that the injured worker had an adequate and thorough evaluation including baseline functional testing on 10/8/2014. While the treating physician indicated that other methods for treating the injured worker's pain have been unsuccessful, including medication and injections, there was no indication that there are no other treatment options available. It was documented in the medical records that the injured worker was referred for psychological clearance for a spinal cord stimulator trial, however this was not completed. The treating physician indicated that the injured worker has lost the ability to function independently and requires assistance for dressing and grooming and is unable to bathe, do home duties, or provide childcare. However, in the case of this injured worker, there were multiple negative predictors of efficacy of treatment. The injured worker is documented to have high levels of psychological stress, which include depression, anxiety, and a history of suicidal ideation and suicide attempt. The injured worker's duration of disability time is noted to be almost 14 years. The injured worker has a prevalence of opioid use and history of opioid misuse made evident by CURES report and previous discharge due to non-adherence to opioid contract. Lastly, the pre-treatment levels of pain are documented to be high at 10/10 and may decrease to a 7 at best. The guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 80 hours of a rehabilitation program, clarified as Monday through Friday 9 AM to 4 PM, exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested 80 hours at the HELP Program is not medically necessary.