

Case Number:	CM15-0010475		
Date Assigned:	01/28/2015	Date of Injury:	02/04/1986
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 2/4/1986. He has reported motor vehicle accident including left shoulder, left knee, back and abdominal pain. The diagnoses have included chronic pain syndrome, partial left foot/leg amputation, left femur fracture requiring multiple surgeries secondary to non-union, status post left knee fusion, left hip Open Reduction and Internal Fixation (ORIF), wound infections requiring multiple skin grafts and splenectomy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, braces/casts, Transcutaneous Electrical Nerve Stimulation (TENS), exercise program and surgical intervention. Currently, the IW complains of chronic low back, left hip and leg pain, rated 9/10 VAS to low back and left leg improved with medication. On 1/16/15, physical examination documented no new acute findings. Diagnoses included chronic pain syndrome, chronic left hip pain and chronic left leg pain. Plan of care was to continue with current medications and continue with pain management. On 1/7/2015 Utilization Review non-certified a one (1) full day HELP evaluation, noting the documentation did not support that the criteria was met. The MTUS Guidelines were cited for chronic pain/functional restoration programs. On 1/19/2015, the injured worker submitted an application for IMR for review of one (1) full day HELP evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) full day 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 Chronic pain programs (functional restoration programs) Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 2/4/86. The medical records provided indicate the diagnosis of included chronic pain syndrome, chronic left hip pain and chronic left leg pain. Current medications included Methadone and Norco (10/325). In a worker's compensation evaluation dated 8/3/14, the injured worker complained of constant low back and left leg pain 9-10/10 on the visual analog scale. The medical records provided for review do not indicate a medical necessity for One (1) full day HELP evaluation. HELP is a chronic pain program. The records indicate the injured worker has negative indicators of success. These include the long duration of injury, the severity of the pain (9/10 in the visual analogue scale), need for opioid medications (in this case 340 morphine equivalents (the recommended daily morphine equivalents is 120 morphine equivalents); the MTUS recommendation for Functional Restoration Program include: addressing negative predictors of success; significant loss of ability to function independently resulting from the chronic pain.