

<b>Case Number:</b>	CM15-0015124		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/20/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Ohio, California

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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder, low back, arm, leg, and neck pain reportedly associated with an industrial injury of May 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 15, 2015, the claims administrator denied a request for a one-time full-day HELP evaluation, seemingly as a precursor to pursuit of the functional restoration program. The claims administrator referenced an RFA form received on December 29, 2014 in its determination. On said December 29, 2014 RFA form a one-time full-day HELP evaluation was endorsed to determine the applicant's suitability for a functional restoration program. A clinical progress note of the same date was seemingly not attached. However, on June 24, 2014, the applicant reported multifocal pain complaints, including about the head, low back, arms, and legs. The applicant had not returned to work since the date of injury, it was acknowledged. 6-8/10 pain was appreciated. The applicant did report difficulty with altered appetite, altered sleep cycle, increases in weight, dizziness, anxiety, and depression. The attending provider suggested that the applicant undergo a HELP functional restoration program evaluation. Baclofen and Ultram were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One-Time, Full Day Help Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 31-32.

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

**Decision rationale:** 1. No, the request for one-time full-day HELP evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in the multidisciplinary pain program can be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was/is no clear or compelling evidence that the applicant was prepared to make the effort to try and improve. There was no mention of the applicant's willingness to forego disability benefits and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that one of the cardinal criteria for the pursuit of functional restoration program is an absence of other options likely to result in significant clinical improvement. Here, the evidence on file, including the provided progress note of June 24, 2014, suggested that the applicant had significant depressive symptoms. The applicant did not appear to have received much treatment for psychiatric issues or psychiatric concerns. There was no mention of the applicant having received psychological counseling or psychotropic medications, for instance. It does not appear, thus, that appropriate options had been exhausted and/or failed before the functional restoration program evaluation was considered. Therefore, the request was not medically necessary.