

<b>Case Number:</b>	CM15-0121572		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old male who sustained an industrial injury on 9/28/2010 resulting in radiating back pain, left shoulder pain radiating down his arm into his finger, stiffness, and impaired functionality. He is diagnosed with myofascial pain/ upper trapezius, levator scapula; lumbago, radiculopathy and myalgia/myositis pain. Treatment has included physiotherapy, acupuncture; trigger point and epidural steroid injection, medications, TENS unit, myofascial release, ice, massage, acupuncture, an exercise program, radiofrequency, and cryotherapy. The Injured work reported some relief from pain through medication and use the TENS unit, but did not experience lasting improvement from the other treatments. The injured worker continues to report pain, weakness, and impaired movement. The treating physician's plan of care includes an interdisciplinary pain rehabilitation program evaluation. He works part time from home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP Interdisciplinary Pain Rehabilitation Program Evaluation/Full Day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), (2) Functional restoration programs Page(s): 30-32, 49.

**Decision rationale:** The claimant sustained a work-related injury in September 2010 and continues to be treated for shoulder and sacroiliac joint pain. When seen, there had been benefit after 6 of 12 chiropractic treatments. He was having problems with productivity at work as a supervisor. He was not taking any prescription medications. A functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, the claimant is not having disabling pain. He is able to work and not taking any prescribed opioid or non-opioid medications. He has benefit from a partial course of chiropractic treatment and therefore has not failed conservative management of his condition. An interdisciplinary pain program evaluation is not medically necessary.