

Case Number:	CM15-0121771		
Date Assigned:	07/02/2015	Date of Injury:	01/23/2013
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 1/23/13. She has reported initial complaints of a low back injury after a fall at work. The diagnoses have included low back pain, lumbar disc degeneration, right lower extremity radiculopathy, spinal stenosis, sleep disorder and depression. Treatment to date has included medications, physical therapy, epidural steroid injection (ESI), diagnostics, Transcutaneous electrical nerve stimulation (TENS), physical therapy, home exercise program (HEP), traction and acupuncture. Currently, as per the physician progress note dated 5/7/15, the injured worker complains of right side low back pain with radiation to the right calf area. The physical exam reveals that she sits in a rigid posture and moves in a guarded protected fashion. There is moderate spasm in the suboccipitals, spasm in the cervical paraspinals, and lumbar paraspinals. The gait is antalgic and slow. The cervical range of motion is decreased with rotation and side bending. The lumbar range of motion is 60 degrees in flexion and at most 5 degrees in extension with wincing and moaning. The side bending is 20 degrees bilaterally. There is decreased sensation on the right and positive straight leg raise on the right. The current medications included Gabapentin, Nortriptyline and Tramadol. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral lower extremities. There is no diagnostic reports noted and no previous therapy sessions noted. The physician notes that the injured worker exhibits motivation to change and wants to regain her self-esteem and support her family. She wants to regain gainful employment. The physician requested treatment included HELP Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 49, 31-32.

Decision rationale: The requested HELP Program is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has right side low back pain with radiation to the right calf area. The physical exam reveals that she sits in a rigid posture and moves in a guarded protected fashion. There is moderate spasm in the suboccipitals, spasm in the cervical paraspinals, and lumbar paraspinals. The gait is antalgic and slow. The cervical range of motion is decreased with rotation and side bending. The lumbar range of motion is 60 degrees in flexion and at most 5 degrees in extension with wincing and moaning. The side bending is 20 degrees bilaterally. There is decreased sensation on the right and positive straight leg raise on the right. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, and addressed negative predictors of success). The criteria noted above not having been met, HELP Program, is not medically necessary.