

<b>Case Number:</b>	CM15-0079688		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on November 1, 2012. He has reported shoulder pain and back pain. Diagnoses have included joint pain of the shoulder region, myalgia and myositis, lumbosacral spondylosis, and cervical spondylosis. Treatment to date has included medications. A progress note dated March 18, 2015 does not indicate a chief complaint from the injured worker. The treating physician documented a plan of care that included a HELP evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of multidisciplinary pain management programs Page(s): 31-32.

**Decision rationale:** MTUS guidelines state regarding pain rehabilitation programs: "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following

criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed."Regarding this patient's case, no physical exam findings are seen in the records provided, only vital signs are listed. There is not adequate documentation that this patient has significant loss of ability to function independently resulting from his chronic pain. There is no documentation that he has significant motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Likewise, MTUS guidelines have not been satisfied, and this request is therefore not considered medically necessary.