

Case Number:	CM15-0095736		
Date Assigned:	05/22/2015	Date of Injury:	10/07/2013
Decision Date:	06/30/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male who sustained an industrial injury on 10/07/2013 resulting in rib fractures and loss of consciousness. Diagnoses included crushing injury, left rib fracture and contusions to the right hip and right shoulder. Treatment provided to date has included: medications (ibuprofen); aquatic therapy (4 sessions); physical therapy (17+ sessions); traction; and massage therapy. Diagnostic tests performed include: x-rays of the chest pelvis, right shoulder and right ribs (10/07/2013); and CT scan of the head and neck (10/07/2013) showing no acute pathology. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 02/06/2015, physician progress report noted complaints of thoracic spine pain. Pain is rated as 6 (0-10) with increase pain at the end of the day rated 7-8 (0-10). The injured worker described the pain as persistent and constant, and radiates to the buttocks and into the right thigh. Additional complaints include lumbar pain, right hip pain with numbness, and groin pain. The physical exam revealed mild to moderate tenderness to the parathoracic region bilaterally, and restricted lumbar spine range of motion. The provider noted diagnoses of lumbar strain/sprain and rib contusion. Plan of care includes participation in a functional restoration program. Requested treatments include: 1 HELP Latino program/functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HELP Latino program/functional restoration program: 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with pain affecting the thoracic spine with radiation to the buttocks. The current request is for 1 HELP Latino program/functional restoration program. The treating physician report dated 3/31/15 (158B) states, "I believe that the patient's navet with regards to his injury and medical treatment combined with the efforts that are made thus far and the more conservative treatment he has received are simply inadequate to be able to help him recover to be able to return to the competitive open labor market., whereas the type of functional treatment recommended by our December 2014 HELP evaluation would be much more likely to be in an appropriate and sustainable treatment benefit." The MTUS guidelines page 49 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including a thorough evaluation; significant loss of function and chronic pain; not a candidate for surgery; is motivated to change and the negative predictors are addressed. The guidelines go on to state, "Treatment is not suggested for longer than 2weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The medical reports provided, do not show that the patient has participated in any functional restoration program previously. In this case, while the patient may be a candidate for a functional restoration program, but the current request does not specify a duration in which the patient will attend the program. The MTUS guidelines do not support an open ended request and only suggest treatment beyond 2 weeks if evidence of efficacy and functional improvement is provided. Therefore, this request is not medically necessary.