

<b>Case Number:</b>	CM13-0037842		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 30-year-old male who reported an injury on 02/19/2008. The patient is diagnosed with muscle spasm, gout, headache, drug abuse, lumbago, and sciatica. The patient is also status post permanent implantation of a spinal cord stimulator. The most recent Primary Treating Physician's Progress Report was submitted on 04/24/2013 by [REDACTED]. Physical examination revealed limited range of motion with slight guarding and intact sensation. Treatment recommendations included supervision and management from [REDACTED] and a return to [REDACTED] to work on an updated spinal stabilization and mobilization with core strengthening program. The patient was subsequently seen in the emergency department at [REDACTED] on 08/13/2013. The patient presented for vomiting. The patient was given a principal diagnosis of acute gastritis with upper GI bleeding and a secondary diagnosis of fatty liver and reflux esophagitis. The patient underwent an EGD procedure, as well as laboratory studies. The patient was discharged with Protonix 40 mg, Lorazepam 0.5 mg, and hydromorphone 2 mg tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Rehab One Program or HELP Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful. As per the clinical notes submitted, there is no indication of a failure to respond to previous methods of treating chronic pain with an absence of other options that are likely to result in significant clinical improvement. There is also no evidence of an adequate and thorough evaluation, to include a psychological consultation. There is no documentation of a recent comprehensive physical examination. Based on the clinical information received, the request is non-certified.