

<b>Case Number:</b>	CM14-0125361		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a female patient with a date of injury of September 4, 2013. A utilization review determination dated July 28, 2014 recommends non-certification for a one time full day HELP evaluation. A progress note dated July 1, 2014 identifies subjective complaints of neuropathic pain with sensory findings in the L5 - S1 distribution. The examining physician reports that MRI and nerve conduction studies have not been made available for review, however, also states unconfirmed evidence of radiculopathy on MRI and EMG. Current medications include Naproxen 500 mg twice a day and Gabapentin 100 mg three times a day. The patient has a pain level of 5. Current diagnoses include myofascial pain syndrome and lumbar radiculopathy. The treatment plan recommends a request for authorization for a HELP evaluation, refill prescription for Naproxen 500 mg #60, and a request for a new prescription of Gabapentin 100 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time, full day HELP evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

**Decision rationale:** Regarding the request for a one time full day HELP evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and Negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested one time full day HELP evaluation is not medically necessary.