

<b>Case Number:</b>	CM14-0184968		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/27/1999
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 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 53 year-old male ductworker sustained an injury on 9/27/1999 while employed by [REDACTED]. Request(s) under consideration include HELP Evaluation, one time full day. Diagnoses include low back sprain/strain; discogenic low back pain post laminectomy; chronic intractable pain; s/p abdominal surgery for retained sutures post spine surgery and repair of ventral incisional hernia; s/p lumbar fusion L3-5 (undated) with subsequent vertebroplasty in 2013 from chronic pain related to L2 compression fracture (non-industrial basis). Conservative care has included medications, physical therapy, epidural steroid injections, and modified activities/rest. Medications list Neurontin, MS Contin 45mg, Soma, Bisacodyl, Axiron, and Fentanyl 100mcg per hour transdermal patch Q48hrs. Report of 10/3/14 from the provider noted the patient with chronic ongoing low back, bilateral buttocks, legs, groin, and feet pain rated at 8-10/10 VAS 90-100% of the time, impacting ADLs requiring family assistance. The patient also noted bowel and bladder dysfunction, sleep difficulties, and weight gain with loss of social activity. The patient has not worked for years for this 1999 injury. Exam showed unchanged limited lumbar range in all planes; very slow and guarded movements in transition from seated to standing position; diffuse tenderness and spasm in lumbar paraspinals and spinous processes; positive provocative orthopedic testing in SLR and Faber's; with 4/5 right ankle DF and intact sensation. There is notation that the patient received Tramadol in September 2014 from a different prescriber. Medications to include Fentanyl 100 mcg and MS Contin ER 45mg were continued. The request(s) for HELP Evaluation, one time full day was non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP Evaluation, one time full day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

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

**Decision rationale:** MTUS Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic 1999 injury as the patient has remained functionally unchanged, on chronic high dose opioid medications without functional improvement from extensive treatments already rendered or demonstrated motivation to return to any modified work. The patient has been off work for years for this injury now over 15 years without demonstrated functional improvement from conservative treatment of therapy/rest and decreasing or attempt at tapering off multiple opiates prescribed by different providers. There is also no psychological evaluation documenting necessity for functional restoration program. The HELP Evaluation, one time full day is not medically necessary and appropriate.