

<b>Case Number:</b>	CM14-0021863		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Medicine and is licensed to practice in New York and 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 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:

The injured worker is a 61 year old male whose date of injury is 08/22/2000. The mechanism of injury is described as a slip and fall. Note dated 04/23/14 indicates that the injured worker presents for follow up of lumbar radiculopathy and postlaminectomy syndrome. Medications include Advil, Aspirin, atorvastatin, avodart, lisinopril, metformin and Januvia. The injured worker has a history of lumbar surgery in 1993. He is scheduled for a pre-op on 04/30/14 for back surgery. The injured worker was authorized for lumbar surgery.

### 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 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:** Based on the clinical information provided, the request for HELP evaluation is not recommended as medically necessary. The submitted records indicate that the injured worker was authorized to undergo lumbar surgery in April 2014. There is no operative report

submitted for review and no postoperative records are provided. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The injured worker's date of injury is 08/22/2000. CA MTUS guidelines do not generally recommend HELP program for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period.