

Case Number:	CM14-0039851		
Date Assigned:	06/27/2014	Date of Injury:	08/13/2008
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine 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:

The patient is a 65 year old male who was injured on 08/13/2008. The mechanism of injury is unknown. The toxicology report dated 10/29/2013 revealed inconsistent results for reported prescriptions Vicodin and Butrans. The progress report dated 03/05/2014 indicates the patient still complains of low back pain. His pain becomes aggravated with prolonged sitting and walking, stooping bending and house chores. Objective findings on exam revealed he has slow ambulation with cane in the left hand and frequently changes position. Deep tendon reflexes are 1+. He has poor tolerance to straight leg raise and Gaenselen's maneuver. Diagnoses are lumbar radiculopathy, leg pain and gait derangement, depression, comorbid insomnia, comorbid constipation and borderline diabetes mellitus. The treatment plan is a consultation to HELP for pain management. All other reports were reviewed and documented unchanged subjective and objective findings. It is unclear whether or not the patient is a surgical candidate. The patient had a spine consult in 8/13 but documentation has not been provided for review.

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 Page(s): 49.

Decision rationale: This is a request for a HELP (Functional Restoration Program) evaluation for a 64-year-old male chronic low back and leg pain, depression, diabetes, sexual dysfunction, and insomnia. The date of injury is 8/13/08. According to California MTUS guidelines, Chronic Pain Programs may be necessary when the patient is not a surgical candidate, among other criteria. It is not clear in this case as it appears that surgical consultation was requested though there is no accompanying documentation. Further, it appears the provider is requesting specialist input on case management as opposed to evaluation for entry into a Functional Restoration Program. Such as, the HELP Evaluation is not medically necessary.