

<b>Case Number:</b>	CM14-0047071		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & 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:

The injured worker is a 61-year-old male who reported an injury on 03/17/2000; the mechanism of injury was heavy lifting. The injured worker underwent a lumbar laminectomy on an unknown date and utilized physical therapy and prescribed medications. The injured worker was diagnosed with status post lumbar laminectomy syndrome and depression not otherwise specified (NOS). The injured worker's medication regimen included Nucynta, Norco, Wellbutrin, Elavil, Lisinopril, and Fluconazole. The clinical note dated 02/28/2014 stated the injured worker complained of pain being present 50% of the time. The injured worker described the pain as shooting, piercing, sharp, and burning. The injured worker reported a decrease in activities of daily living secondary to pain and had not returned to work. The injured worker reported difficulty sleeping, weight gain, and a change in libido. The physician noted a positive straight leg raise. On 05/23/2014, the injured worker stated his pain was increasing. The physician noted depression as well. The physician diagnosed depression disorder not elsewhere classified (NEC) and post laminectomy syndrome, lumbar region. There was no further documentation on this visit. The physician is requesting 1 interdisciplinary evaluation at the HELP (Health Education for Living with Pain Program). The Request for Authorization was signed on 03/28/2014 with the rationale of the injured worker being low back pain status-post surgery with on-going pain and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Interdisciplinary evaluation at the HELP (Health Education for Living with Pain Program): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic pain programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Criteria for Use Page(s): 30-32.

**Decision rationale:** The request for one interdisciplinary evaluation at the HELP (Health Education for Living for Pain Program) is not medically necessary. The California MTUS Guidelines recommend the use of multidisciplinary pain management programs for patients 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. Chronic pain programs may be indicated for patients with a significant loss of ability to function independently resulting from chronic pain who exhibit motivation to change and are willing to forego secondary gains including disability payments to affect this change. The guidelines recommend chronic pain management for patients that are not candidates for surgery or other treatments that would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). The documentation provided does not include an assessment of the injured worker's condition, which demonstrates deficits for which an assessment for entrance into a chronic pain management program would be indicated. Previous methods of treating chronic pain are not presented for review to indicate whether they were successful or unsuccessful. The injured worker has remained off work for over 14 years. There is a lack of documentation indicating the injured worker is motivated to change. As such, the request is not medically necessary.