

<b>Case Number:</b>	CM14-0054326		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/23/2004
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Nevada. 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 records, presented for review, indicate that this 47 year old gentleman was reportedly injured on January 23, 2004. The mechanism of injury was noted as setting down a box of cheese and twisting his back the wrong way. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of low back pain and depression. Current medications include OxyContin, Norco, Neurontin, Zanaflex, and Lunesta. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and pain with range of motion, normal lower extremity neurological examination. The injured employee's gait was antalgic and slow. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a laminectomy and discectomy at L5 to S1. A request was made for a HELP evaluation for the lumbar spine and was not certified in the preauthorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP Evaluation 1x Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General use of multidisciplinary pain management programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the most recent progress note dated April 3, 2014, there is no documentation that the injured employee has exhausted all other options of conservative treatment nor is there any comment regarding the injured employee's motivation for participation in the HELP program. Furthermore it is not stated that the injured employee has a significant loss of ability to function independently as a result of chronic pain. For these multiple reasons, this request for an evaluation for participation in the HELP program is not medically necessary.