

Case Number:	CM14-0077306		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2006
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in , Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 10/12/2006. The mechanism of injury was not provided. On 03/10/2014, the injured worker presented with back pain. Upon examination, there was a well healed lumbar incision. The range of motion values for the lumbar spine were 10 degrees of extension, 10 degrees of left lateral flexion, 10 degrees of right lateral flexion, 10 degrees of left rotation, and 10 degrees of right rotation. Diagnoses were displacement of lumbar disc without myelopathy, degeneration of lumbar disc, and post laminectomy syndrome of the lumbar. Prior therapy included medications. The provide recommended a consultation for the HELP program. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with the HELP program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for a consultation with the HELP program is denied. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness or return to work. There is no clear rationale to support the need for consultation or documentation on how a consultation with the HELP program will aid the provider in an evolving treatment plan for the injured worker. Additionally, there is a lack of a complete and adequate assessment of the injured worker's objective functional deficits. As such, the request is not medically necessary.