

<b>Case Number:</b>	CM15-0102854		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 57 year old female, who sustained an industrial injury on 02/26/2007. She has reported injury to the low back. The diagnoses have included lumbago with chronic low back pain and right leg sciatica; and lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, massage therapy, home exercise program, and physical therapy. Medications have included Celebrex and Aleve. A report from the consulting physician, dated 04/16/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in her low back, buttocks, bilateral knees, and bilateral ankles; the current intensity of the pain is described as a 7 on a 10-point scale, where 0 represents no pain and 10 represents the worst pain imaginable; the pain may increase to a 8-9 at worst on the same 10-point scale; the impact of the pain has been severe in terms of activities of daily living; and has difficulties with initial and terminal sleep cycle, and change in libido. Objective findings included marked spasm of the right quadratus lumborum and into the right gluteal region; spasm which extends beyond the lumbar region up into the mid thoracic region including the rhomboids on the right; and range of motion is impaired in flexion, extension, rotation, and side bending of the lumbar spine to approximately 30-40% of normal. The treatment plan has included the request for HELP multidisciplinary evaluation, one time, full day, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP multidisciplinary evaluation, one time, full day, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) There is no documentation that the patient response to physical therapy is outside the established norms for recovery from the work related neck injury. Furthermore, the provider reported did not document lack of pain and functional improvement that require referral to a Functional Restoration Program. There is no clear evidence that the patient requires functional restoration program. The requesting physician did not provide a documentation supporting the medical necessity for a Functional Restoration Program. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for Functional Restoration Program. There is no documentation of functional improvement with previous HELP sessions. Therefore, the request for HELP multidisciplinary evaluation, one time, full day, lumbar spine is not medically necessary.