

<b>Case Number:</b>	CM15-0107631		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California

Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 02/05/2013. He has reported subsequent low back and lower extremity pain and was diagnosed with mechanical low back pain, left L5-S1 radiculopathy with weakness and degenerative joint disease of the lumbosacral spine. Treatment to date has included oral pain medication, epidural steroid injection, physical therapy, acupuncture and a home exercise program. In a progress note dated 05/21/2015, the injured worker complained of back pain with radiation down the posterior and lateral left leg to the foot. Objective findings were notable for a guarded posture during transfers and ambulation, tenderness to palpation across the mid to low lumbar spine and decreased strength of the left knee and ankle. A request for authorization of an evaluation at the HELP program was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation at the HELP program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Pg 127; Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(functional restoration programs) Page(s): 30-33.

**Decision rationale:** It is unclear from provider's documentation, what exactly HELP program is suppose to be but from documentation, it appears to be a type of Functional restoration program. As per MTUS Chronic pain guidelines, Functional Restoration Programs (FRP) may be recommended for patients with conditions that put them at delayed risk for recovery. The provider has yet to provide appropriate documentation to meet criteria for recommendation. There is no documentation of functional deficits that is hampering work or function or review of basic physical or psychological factors hampering improvement. Patient has yet to exhaust interventional treatment with a provider recommending spinal injections. An evaluation for Functional Restoration Program is not medically necessary.