

Case Number:	CM15-0053197		
Date Assigned:	03/26/2015	Date of Injury:	04/28/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 York, West Virginia, Pennsylvania
 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 36 year old male who sustained an industrial injury on 4/28/10. The injured worker reported symptoms in the back. The injured worker was diagnosed as having post-laminectomy syndrome, depression, and lumbar spondylosis. Treatments to date have included oral pain medication, physical therapy, traction, transcutaneous electrical nerve stimulation unit, massage, exercise program, status post-surgical intervention and chiropractic treatments. Currently, the injured worker complains of lumbar spine pain. The plan of care was for an evaluation and a follow up appointment at a later date.

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, low back QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Guidelines support use of HELP 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, the patient has a significant loss of ability to function independently, the patient is not a candidate for surgery, the patient has motivation to change, and negative predictors have been addressed. In this case, the patient is scheduled for a neurology consultation which should be completed prior to requesting a functional restoration program. The requested treatment is not medically necessary.