

<b>Case Number:</b>	CM14-0186323		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	07/15/1994
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 American Board of Internal Medicine and is licensed to practice in California. 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:

There is a handwritten, partly illegible note in the medical record dated October 16, 2014. There was documentation indicating that there was concern that the emergency room doctor felt that the stress of detoxification might have caused a cardiac event. The treating physician recommended a cardiac work-up as soon as possible. Additionally, the treating physician referred the IW for a functional restoration program (FRP). The IW is pending authorization for a diagnostic epidural injection. There is no documentation in the medical record that the IW had undergone the cardiac work-up to date. A FRP evaluation is not documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP program 90 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management programs Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration program

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the HELP program 90 hours (functional restoration program) is not medically necessary. Outpatient rehabilitation programs may be considered medically necessary when all of the following criteria enumerated in the medical treatment guidelines are met. The criteria include, but are not limited to an adequate and thorough evaluation has been made including baseline functional testing so follow up with the same test can the functional improvement. In this case, the medical records do not indicate that the injured worker underwent a functional restoration program evaluation. Additionally the medical record indicates the injured worker is not at maximal medical improvement. Moreover, the injured worker received an urgent request for a cardiac evaluation. A functional restoration program would not be appropriate or clinically indicated until the cardiac evaluation was completed and any related restrictions or limitations were clarified. Consequently, the functional restoration program not be indicated at this time. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, the HELP program 90 hours (functional restoration program) is not medically necessary.