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| Case Number: | CM13-0029498 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 02/16/2010 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas, and New York. 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 physician 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 patient is a 39-year-old injured worker who reported an injury on 02/16/2010. The mechanism of injury was being run over by a motorized wheelchair weighing approximately 400 pounds. Initial treatments included a foot and ankle x-ray just after the injuries that were negative for any fractures. The patient was then dispensed medications and placed on modified work duty. In 03/2010, the patient continued to complain of burning sensation in the entire left foot and saw a podiatrist who stated that their symptoms were related to CRP syndrome. At this time, the patient was sent for an unknown amount of physical therapy with unknown outcome. The patient was prescribed Neurontin in 04/2010 and received an MRI of the left foot on an unknown date that was normal. In 05/2010, the patient was issued an Arizona-type brace and in 06/2010 was referred for a pain management program. The patient received a bone scan in 08/2010 that was also negative. The patient is also noted to have received acupuncture in 12/2010 with reported relief. The patient received another unknown duration of physical therapy to include aquatic therapy in 11/2011 as well as a psych assessment and a TENS unit. A functional restoration program was requested in 01/2012; however, it was never authorized. The patient continued to receive psychotherapy throughout 2012 and into 2013. The most recent MRI to the left foot done on 05/09/2013 reported no evidence of an interdigital neuroma, moderate amount of fluid in the intermetatarsal bursa between the first and second metatarsal heads, mild nonspecific soft tissue edema at the plantar aspect of the 3rd toe joint, and mild to moderate generalized atrophy of the lateral interosseous musculature of the forefoot. The patient continued to complain of constant burning and an "on fire" feeling of the left foot. According to the 06/05/2013 note, the left foot is cool to the touch and has a blue coloring. There is constant spasming of the toes on the l

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5 days a week for 8 weeks: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend chronic pain programs for patients who meet the criteria. These criteria include an adequate thorough evaluation including baseline functional testing to follow up with the same test to measure functional improvement; 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 resulting from chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change and is willing to forego secondary gains including disability payments to affect this change; and negative predictors of success have been addressed. Negative predictors of success include a negative relationship with the employer, poor work adjustment and satisfaction and negative outlook about future employment; high levels of psychosocial stress, involvement in a financial disability dispute; greater rates of smoking, duration of pre-referral disability time; prevalence of opioid use, and pretreatment levels of pain. The medical records submitted for review included a thorough psychological evaluation, physical therapy evaluation, and pain management evaluation. In the clinical note dated 10/17/2013, the patient is reporting an average of 5/10 to 7/10 pain level and as high as 10/10 with prolonged weight bearing. The patient also complains of cramping and spasms in the arch of their foot, but reports that the Amrix is effective in controlling this. This note also reports that analgesic medications are effective in reducing pain; however, overall activity remains quite limited. It is unclear however, if the patient has returned to work. The patient is not a candidate for surgery as they have been diagnosed with CRPS and is noted to have limited motivation to participate in this program. It is noted on both the 10/07/2013 and 10/17/2013 clinical notes that the patient has stated they do not want to participate unless they can get all 8 weeks approved before the start of the program. Other negating factors that the patient exhibits are high levels of psychosocial distress; the patient has been treated by a psychotherapist since approximately 2011. It has also been almost 4 years since the initial injury. Due to the patient's ability to function independently, albeit slow and somewhat limited, report of medication controlled pain levels, and limited willingness to participate in the program, a chronic pain program may not be appropriate at this time. The request for functional restoration program for 5 days a week for 8 weeks is not medically necessary and appropriate.