

Case Number:	CM13-0036231		
Date Assigned:	12/13/2013	Date of Injury:	04/27/2012
Decision Date:	02/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, District of Columbia. 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:

According to medical record reviewed, the patient is a 25 year old male who was employed as a fieldworker for [REDACTED]. He was only employed for two months when he was injured on the job allegedly on 4/27/12. On that date he stated he was working in the field he accidentally stepped on a rock. He twisted his left lower extremity and developed left ankle pain. He reported this injury to his employer. He was evaluated at [REDACTED] in Salinas, California. Treatment was rendered with two visits with physical therapy and pain medication. X-rays and an MRI were ordered. X-rays were- obtained of the left foot and ankle and an MRI completed of the left ankle. Exam of the left foot and ankle, there was reasonably good ankle motion present which was roughly symmetric right to left. There was a significant flat foot deformity of the foot. There was significant stiffness of the subtalar joint area with very limited inversion and eversion passively or actively to the forefoot. I did not believe that the posterior tibialis tendon was ruptured as he we was able to stand on his toes, and the appearance of his left hind foot was similar to the unaffected right hind foot where there did not appear to be the 11 too many toes" sign of the affected left foot when viewed from posteriorly. Neurovascular exam was grossly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Pain Management sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Cognitive Behavioral Therapy (CHI) guidelines for chronic pain

Decision rationale: The request for authorization of treatment as well as a status report dated 9/24/13 indicated that the claimant has received six visits of pain psychotherapy. The report indicates functional gains as well motivation on the part of the claimant to improve. He has been diagnosed with chronic pain and symptoms commensurate with depression are also indicated. The guideline allows for up to 10 visits when there is evidence of functional improvement. Since the claimant has already received 6 sessions of psychotherapy, leaving a balance of four sessions. Therefore the request for 6 additional Pain Management sessions is not medically necessary.