

Case Number:	CM13-0050606		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2012
Decision Date:	03/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/13/2013

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 and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 09/17/2012. The patient was reportedly injured when he fell suffering a comminuted calcaneal fracture. The patient is status post ORIF and has been treated for not only his lower extremity, but also his increased hip pain, neck pain with tingling in the right arm, and as of 08/29/2013, the patient had feeling of frequent (75%) to constant (100%), moderate to severe ankle and foot pain with upper mid back/shoulder pain, as well as hip pain. Bending, climbing, and reaching are activities that increase his pain levels. The patient has also presented with a left pelvic shift with tenderness and hypertonicity of the lumbar paraspinal musculature. The most recent documentation is dated 09/23/2013 where upon the patient was seen and was diagnosed with being permanent and stationary. According to the documentation, the patient's treatment included modified work, physical therapy, and ORIF of the right calcaneal fracture on 09/18/2012. The patient has also received postoperative physical therapy, 16 sessions, with no significant improvement. The patient continued to experience bilateral heel pain, coccygeal pain, and lower back pain. The patient also had MRI of the lumbar spine. The patient has received 4 to 6 chiropractic treatments with no significant improvement with persistent residual low back and coccygeal pain. He was also referred for custom orthosis and possible ankle injections where upon the patient declined up until the present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain management classes-essential workshop (Level 2)-4 classes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: According to California MTUS Guidelines, criteria for general use of multidisciplinary pain management programs include an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same tests can note functional improvement, previous methods of treating chronic pain have been unsuccessful, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would be clearly warranted, the patient exhibits motivation to change and is willing to forgo secondary gains, and negative predictors of success have been addressed. In the case of this patient, the documentation notes that he had previously been approved for a chronic pain management class to include cognitive behavioral therapy. However, the documentation does not indicate the patient has undergone the previously authorized class, nor does it state whether or not the patient's response was positive or negative. Without having confirmation of the patient having attended the previous class, the medical necessity for the request of a chronic pain management class-essential workshop (level 2)-4 cannot be established and is non-certified.