

Case Number:	CM13-0052040		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2011
Decision Date:	04/30/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

The patient is a 54-year-old female who sustained a right foot fracture on May 5, 2011. The diagnosis is of chronic regional pain syndrome, status post 5th metatarsal fracture. Subjective complaints are of ongoing right foot pain, difficulty with ambulation, and difficulty performing activities of daily living. Physical exam shows an antalgic gait, mild atrophy to right calf and thigh, and lumbar spasm with normal range of motion. Treatment to date has included a bone growth stimulator to aid delayed bone healing, physical therapy, surgery to repair a right fifth metatarsal fracture, a three-phase bone scan, which reported no abnormal findings, a lumbar sympathetic nerve block, postoperative physical therapy, and eight weekly psychotherapy sessions. Also, a spinal cord stimulator was implanted on May 17, 2013. Submitted documentation states that surgical options have been exhausted, and treatment reports show patient is motivated to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATIONAL PROGRAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-34.

Decision rationale: The California MTUS identifies specific criteria for inclusion in a functional restoration program including adequate and thorough prior investigation, failure of previous treatment modalities, significant loss of function independently, not a surgical candidate, and the patient exhibiting motivation to change. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The submitted documentation demonstrates that this patient fulfills all the above stated criteria. Therefore, the use of a functional restoration program is medically necessary.