

Case Number:	CM13-0056632		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2012
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

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 Management and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 4/25/12. A utilization review determination dated 10/28/2013 recommends non-certification of unknown pain management classes. 10/21/2013 progress report identifies ankle pain. The provider noted that the patient saw a podiatrist and left ankle surgery was discussed, but the patient decided to decline at this time, knowing that it may aggravate his pain from the CRPS. Pain is 7/10 there is also bilateral knee pain shooting up to the back causing back pain. On exam, there is medial joint line tenderness of the bilateral knees and decreased bilateral ankle (ROM. Bilateral knee MRIs, shoes to accommodate the ankle brace, and a pain management) range of motion class at [REDACTED] were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Classes: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Education.

Decision rationale: Regarding the request for unknown pain management classes, California MTUS and ODG do not specifically address the issue. ODG does note that education is recommended and on-going education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of chronic pain. Within the documentation available for review, there is no clear documentation of specifics regarding the proposed classes or any consistent evidence-based support for their use leading to improved outcomes in patients with chronic pain and/or CRPS. While education is important to help manage chronic pain, without specific evidence that the proposed classes are likely to lead to improvement of the patient's condition, there is no clear indication for their use. Additionally, an open-ended number of classes would not be appropriate and there is no provision for modification of the request. In light of the above issues, the currently requested unknown pain management classes is not medically necessary.