MAXIMUS Federal Services

Case Number:	CM14-0003020		
Date Assigned:	01/29/2014	Date of Injury:	09/20/2011
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine 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 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 has submitted a claim of pain of the right knee and right ankle associated from an industrial injury date of September 21, 2011. The treatment to date has included physical therapy, and medications with include Norco, MS Contin, Lyrica, Neurontin, Cymbalta, Topamax, Celebrex, lorazepam, and lidocaine patches. The medical records from 2013 were reviewed, the latest of which dated December 3, 2013 revealed that the patient reported right knee pain with popping, clicking and grinding. Pain was rated 5/10. The patient reported increased pain over the last month. On physical examination, the right knee was tender at the medial joint with a positive McMurray's sign and crepitus. The right ankle was tender at the medial joint with noted pes planus. No laxity is noted. A Utilization review from January 2, 2014 denied the request for cognitive behavioral management program because documentation provided does not support that the patient has undergone an evaluation and been found to be an appropriate candidate. The request was modified to certify a chronic pain program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL MANAGEMENT PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 31-32.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The MTUS guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, the MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In this case, cognitive behavioral management program or functional restoration program was prescribed to help the patient manage her pain without the need for high dose opiates or to attempt to decrease need for morphine. The documents submitted revealed that the patient has been managed with physical therapy and medications. Also, the patient has a history of opioid dependency, depression and anxiety. In the recent clinical evaluation, there were subjective and objective findings that would suggest failure of previous treatments used. However, the patient has not undergone an adequate and thorough evaluation. There is no clinical evidence that suggests that the patient is a candidate for the program; therefore, the request for cognitive behavioral management program is not medically necessary.