

Case Number:	CM14-0006659		
Date Assigned:	03/03/2014	Date of Injury:	05/31/2012
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 is a 50-year-old female who has filed a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of May 31, 2012. Review of progress notes indicates low back pain radiating into the bilateral buttocks and down the right lower extremity up to the knee; left knee pain radiating down to the ankle and foot, associated with weakness, giving away of the knee, and sensation of heat; and right ankle pain with numbness, tingling, and swelling, radiating into the foot and toes. Findings include decreased range of motion of the lumbar spine due to significant pain. Regarding the left knee, there is decreased range of motion, mild effusion, significant joint line tenderness, pain with patellar compression, and light touch palpation causing hyperemia and pain. Regarding the ankles, there is edema of the medial and lateral malleolar soft tissue, more on the right; pain upon movement; hyperesthesia and pain upon light touch over the medial aspect of the right ankle; and skin changes with some hyperemia, more on the right. Patient ambulates with a cane and has a very antalgic gait.. Lumbar CT dated May 02, 2013 showed multilevel mild degenerative changes. Lumbar MRI dated September 18, 2012 showed disc desiccation at L3-4, and right posterolateral disc protrusion indenting the anterior aspect of the thecal sac. Right hip x-ray dated May 12, 2013 showed mild flattening of the articular surface of the femoral head, and early osteonecrosis could not be excluded. A psychological report dated December 27, 2013 indicated the diagnoses of major depressive disorder, somatization disorder with prominent hypochondriacal features, and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included CBT, hypnotherapy, breathing exercises, anti-inflammatories, orthotics, antiepilepsy drugs, anti-depressants, physical therapy to the lower leg and back, acupuncture, chiropractic therapy, lumbar epidural injections, left knee arthroscopy in February 2013, and right L3 sympathetic injection in June 2013. Utilization review from January 07, 2014 modified the requests for

functional restoration program for an initial multidisciplinary assessment to address the patient's deficits and goals, and specify the services to be rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM,FREQUENCY AND DURATION

UNSPECIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 81-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. Patients should be motivated to improve and return to work. Criteria for use of multidisciplinary pain management programs include an adequate and thorough multidisciplinary evaluation has been made, unsuccessful attempts with conservative treatment options, significant loss of ability to function independently due to the chronic pain, and the patient is not a surgical candidate. Negative predictors of success include a negative relationship with the employer, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain. In this case, the patient has persistent pain symptomatology in the lower extremities compounded by psychiatric comorbidities. The psychiatric comorbidities of major depression, adjustment disorder, and somatization disorder have to be addressed as these play a role under the negative predictors of success of a multidisciplinary pain program. Also, there is no documentation of a multidisciplinary evaluation at this time, and the frequency and duration of the functional restoration program was not indicated. Therefore, the request for functional restoration program was not medically necessary.