

Case Number:	CM14-0103285		
Date Assigned:	07/30/2014	Date of Injury:	12/07/2012
Decision Date:	09/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 42-year old male who had sustained an industrial injury on 12/07/12 when stack of drywall fell on his right ankle. He subsequently had surgery of his ankle for bimalleolar fracture. His history was also significant for hardware removal from right ankle and nerve entrapment of posterior tibial nerve of right foot in 2013 due to ongoing pain. His complaints included right ankle pain, low back pain, elbow pain and depression. His medications included Venlafaxine and Norco. Regarding his elbow complaints, he was being followed by Orthopedics and his diagnosis included cubital tunnel syndrome, olecranon bursitis and epicondylitis. The treatment plan included conservative management, Physical therapy and electrodiagnostic studies. Regarding his ankle, his treatment included cortisone injections, ankle brace and work modification to limit standing. He was seen by the pain management provider on May 22, 2014. He reported no acute changes to his low back and right ankle pain. He was tolerating Venlafaxine well and reported sleeping well. He was taking 1 - 2 Norco tablets per day. He had undergone Physical therapy for his ankle and back and was using a warm pool twice a week. Since stopping the physical therapy, his back pain had increased. On examination, he had an antalgic gait, normal muscle tone in all extremities, ankle brace on right side and his diagnoses included sciatica and pain in ankle joint, status post ORIF (Open Reduction Internal Fixation) bimalleolar fracture and subsequent hardware removal. The treatment plan included continuing Norco, multidisciplinary approach to pain management with functional restoration program and Venlafaxine 1 tab PO BID. During his visit on 05/05/14, he had reported an increase in his low back pain. He had reported worry and stress about his job and finances which was making his depression worse. On 04/07/14, he was noted to have ongoing pain in low back radiating down to the posterolateral portion of the lower extremities, ankle pain worse with standing and walking and significant limitations of activities of daily living. His psychological testing during his initial

pain management consultation in March 2014, showed high levels of symptomatic distress, somatization, depression and anxiety. A request was submitted for 160 hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of Functional Restoration Program: 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 Chronic pain programs, (Functional restoration programs Page(s): 30-33.

Decision rationale: The employee was being treated for chronic low back pain with MRI showing disc dessication without nerve root impingement or foraminal stenosis. He also had ankle pain status post surgeries being treated with work modification, Norco, ankle brace and cortisone injections. According to MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs are recommended for patients with conditions that put them at risk of delayed recovery. The guidelines also state that previous methods of treatment should have been unsuccessful and there should be an absence of other options likely to result in significant clinical improvement. There should also be significant loss of ability to function independently from the chronic pain. The patient should not be a candidate for surgery or other treatments. The patient should exhibit motivation to change and negative predictors of success should have been addressed. According to the reviewer's note, the employee had reported to the treating physician his desire to return to work. He was status post ankle surgeries and ankle cortisone injections with residual pain limiting his ability to function. He was not noted to be a candidate for surgery or other treatments and hence is a good candidate for functional restoration programs. According to the guidelines, the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here the request was for 160 hours well over the 2 weeks recommended for initial treatment. Since a modification of request is not possible, the request for 160 hours of functional restoration program is not medically necessary or appropriate.