

Case Number:	CM14-0158960		
Date Assigned:	10/02/2014	Date of Injury:	07/01/2014
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Geriatric and is licensed to practice in New York. 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 injured worker is a 59 year old woman with a date of injury of 7/1/14 involving a fracture to her right hallux treated with closed reduction on the date of injury and non-weight bearing while healing in a cast. She was seen by her primary treating physician on 9/3/14 in follow up. She was tolerating tramadol with no GI upset. She had right dorsal foot and great toe pain. Her exam showed an antalgic gait. She had a hard/post-op shoe in place and intact capillary refill. Her diagnoses were right foot injury and right toe fracture. At issue in this review is the request for a Pain Management Program (6) 1-2 times per week over 3 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Program (6) 1-2 times per wk over 3 to 6 weeks: 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 Page(s): 7.

Decision rationale: This 59 year old worker was injured in 7/14 with subsequent complaints of right toe pain. She has been treated with medications, casting and closed reduction. A comprehensive multidisciplinary approach to pain management is indicated for patients with

more complex or refractory problems. Her physical exam and radiographic findings do not support this complexity and her injury was just 2 months prior. She was also referred for physical therapy. The medical necessity of a Pain Management Program (6) 1-2 times per week over 3 to 6 weeks is not substantiated in the records.