

Case Number:	CM14-0171187		
Date Assigned:	10/23/2014	Date of Injury:	09/17/2012
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgery 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:

This 46-year-old male sustained an industrial injury on 9/17/12. Injury occurred when he was worked on a roof and was accidentally bumped off by a coworker. He fell about 12 feet onto both legs in a somewhat standing position, then fell onto his back. He was diagnosed with a right heel comminuted fracture, left foot pain, low back coccyx pain, and hip pain. He underwent an open reduction and internal fixation of the right calcaneus on 9/18/12. The 4/30/13 lumbar spine MRI documented minimal degenerative disc disease at L3/4 and L4/5. Records documented that the patient had been approved for a chronic pain management class with cognitive behavioral therapy on 8/9/13 and a pain behavioral medicine evaluation with a psychologist on 10/11/13. There was no documentation that these recommendations were completed and what response was achieved. The 6/16/14 psychiatric AME report indicated that the patient required more intensive psychiatric intervention before consideration for a referral for a functional restoration program. He underwent right foot hardware removal and subtalar arthrotomy on 9/4/14. The 9/9/14 treating physician report indicated the patient was 4 days post-op and it was too early to assess benefit to surgery. The patient did not want to pursue the approved lumbar injection because he did not like any of the potential side effects. He was using a TENS unit and doing his home exercise program daily. The patient was getting more depressed and frustrated and wanted to see someone for his depression. The patient complained of right foot/ankle and low back pain, grade 8/10 without medications and 5/10 with medications. Pain increased with lifting, bending, walking, standing, and sitting. It was relieved with rest, warm baths, and medication. Lumbosacral exam documented antalgic gait, muscle tightness with myofascial restrictions, decreased range of motion, 5-/5 strength, decreased right L5/S1 dermatomal sensation, positive right straight leg raise, and positive lumbar mechanical signs. Right ankle exam was deferred as the patient was in a cast. The treatment plan recommended referral for functional restoration

program, continued home modalities, and medications. The 9/18/14 utilization review denied the request for a functional restoration program evaluation based on a lack of documentation relative to completion and benefit with prior chronic pain management/cognitive behavioral therapy and pain behavioral medicine evaluation. Additionally, the patient has not yet participated in post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional rehabilitation program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-33.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of functional restoration programs specifically for patients with chronic disabling occupational musculoskeletal disorders. Specific criteria include: an adequate and thorough baseline functional evaluation; previous chronic pain treatments have been unsuccessful and there is an absence of options likely to result in significant clinical improvement; significant loss of ability to function independently resulting from chronic pain; patient is not a candidate for surgery or other treatments; patient exhibits motivation to change and is willing to forgo secondary gains, including disability payments; and all negative predictors of success have been addressed. Negative predictors of efficacy of treatment with the program as well as negative predictors of completion of the programs include: a negative relationship with the employer/supervisor, poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress (higher pre-treatment levels of depression, pain, and disability), greater rates of smoking, duration of pre-referral disability time, prevalence or opioid use, and pre-treatment levels of pain. Guideline criteria have not been met for evaluation for a functional restoration program at this time. The patient is in the initial post-surgical treatment period and associated rehabilitation has not been completed. Significant psychological issues were identified with treatment recommendations for further treatment prior to consideration of a functional restoration program. Current psychosocial distress is a negative predictor of efficacy and must be addressed prior to program consideration according to the guidelines. Therefore, this request is not medically necessary.