

Case Number:	CM14-0065532		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2003
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 is 52-year-old female who has submitted a claim for joint pain in the lower leg and ankle, cervical disc degeneration, cervical spine stenosis, cervicobrachial syndrome associated from an industrial injury date of September 11, 2003. Medical records from 2004-2014 were reviewed, the latest of which dated July 23, 2014 revealed that the patient has been compliant with the use of her medication. Visit note dated May 15, 2014 revealed that the patient continues to report left-sided neck and left upper extremity pain with associated numbness in her left arm. She continues to have bilateral foot pain for which she is undergoing acupuncture. She continues to report improvement in pain and function with use of medication. She continues to have bilateral foot pain at the heels as well as paresthesia in both feet, worse on the left than the right. She continues to report burning and swelling in her feet. She continues to engage in home exercise program and swim. She reports some mild depression secondary to her chronic pain condition but does not want to start antidepressant therapy at this time. On physical examination, there was tenderness on the posterior cervical paraspinal muscles from C3 to C7. There was some loss of normal cervical lordosis. There is tenderness over the lower lumbar paraspinal muscles from L3 to L5. There is mild restriction in range of motion of the left ankle. Her gait was grossly antalgic with weight bearing favored on the right leg. She utilizes a cane. Treatment to date has included left tarsal tunnel release, endoscopic right plantar fasciotomy, acupuncture, home exercise program, and medications, which include Morphine Sulfate ER, Norco, Hydrocodone/APAP, Relafen, ibuprofen, Norflex ER, Neurontin, Naprosyn, Valium, Fentanyl, Buprenorphine, Topamax and Ketamine cream. Utilization review from April 29, 2014 denied the request for Northern California Functional Restoration program (160 hours) because the patient has been treated with medications that reduce the pain and increases ability to function, receives acupuncture that reduces symptoms, reports active participation in an independent home exercise

program and swimming. Also, the disability time is greater than 10 years and is a negative predictor of efficacy. There is no documentation of intent to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California Functional Restoration program (160 hours): 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 on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, functional restoration program was prescribed to help the patient manage chronic pain. An initial evaluation with baseline functional testing was done on April 16, 2014, which suggested that the patient would be a good candidate for FRP. The documents submitted revealed that the patient has been managed with surgeries, acupuncture, home exercise program and medications. In the recent clinical evaluation, the patient reports improvement in pain and function with use of medication. Also, she continues to engage in home exercise program and swimming. Moreover, the records did not show evidence of inability to function independently. Furthermore, the patient reports some mild depression secondary to her chronic pain condition but does not want to start antidepressant. Guideline criteria for functional restoration program were not met. Therefore, the request for Northern California Functional Restoration program (160 hours) is not medically necessary.