

Case Number:	CM14-0066107		
Date Assigned:	07/11/2014	Date of Injury:	09/17/2011
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain, plantar fasciitis, heel pain, and reflex sympathetic dystrophy reportedly associated with an industrial injury of September 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; sympathetic ganglion block; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 5, 2014, the claims administrator partially approved three outpatient monthly medication visits, denied a functional restoration program evaluation, and denied a stair elevator. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant was described as having persistent complaints of foot and ankle pain. The applicant had been approved for Social Security Disability Insurance, it was acknowledged. The applicant reported 8/9 pain. Sonata was being employed for sleep apnea, it was further suggested. The applicant was also using Pamelor, Prilosec, Voltaren, Relafen, and Flexeril, it was further stated. The applicant was also receiving temporary disability indemnity benefits, in addition to social security disability insurance benefits, it was stated. The attending provider appealed the previously denied functional restoration program and also scheduled acupuncture. The attending provider stated that the applicant should remain off of work, on total temporary disability. The attending provider also suggested that the applicant obtain a paraffin bath for home use purposes and noted that physical therapy had been minimally helpful. Multiple medications were renewed. The applicant did exhibit an antalgic gait in the clinic setting. On May 9, 2014, it was again stated that the applicant was off of work, on total temporary disability, owing to ongoing pain complaints. The applicant was described as having intractable pain following physical therapy and various

medications. The stair elevator and functional restoration program were appealed. The applicant again exhibited an antalgic gait with allodynia and discoloration noted about the injured foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MDE Evaluation For Functional Restoration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 6, 32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment and a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there is no evidence that the applicant is prepared to try and improve. The applicant is off of work, on total temporary disability. The applicant has also applied for and received Social Security Disability Insurance benefits. There is no evidence, thus, that the applicant is willing to forgo disability payments in an effort to try and improve. An applicant's willingness to forgo secondary gains and motivation to change is, per page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criteria for pursuit of a functional restoration program or chronic pain program is evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the applicant is concurrently receiving acupuncture. The attending provider ordered acupuncture the same time the functional restoration program was sought. The attending provider also ordered a paraffin bath device. Thus, the applicant is, in fact, receiving other treatments which are likely to result in significant clinical improvement here. Accordingly, the proposed outpatient multidisciplinary evaluation for functional restoration program is not medically necessary.

Stair Elevator: 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 CRPS, Treatment topic Page(s): 40.

Decision rationale: As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, final steps in the treatment of chronic regional pain syndrome, the principal operating diagnosis here, include "normalization of use." Provision of the elevator, thus, would minimize the applicant's ambulating and minimize the applicant's overall levels of activity as

opposed to facilitating normalization of use, as suggested on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has not outlined why the applicant cannot negotiate the stairs of her own accord, despite her limp, and/or why the provision of the stair elevator is integral to care here. Therefore, the request is not medically necessary.

Monthly Medication Assessments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 14 Ankle and Foot Complaints Page(s): 372, 405.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, page 372 and the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and/or the applicant's work status. In this case, while the applicant has a variety of medical and mental complaints, it is by no means certain that the applicant would require monthly follow-up visits for the duration of the claim. The applicant's symptoms, for instance, could worsen, requiring more frequent follow-up visits. Conversely, the applicant's issues at a later point in time could stabilize requiring less frequent office visits. The request for monthly medication assessments for the duration of the claim, thus, runs counter to ACOEM parameters and principles, as ACOEM suggests allowing the severity of an applicant's symptoms to dictate the frequency of visits. Therefore, the request is not medically necessary.