

Case Number:	CM14-0087797		
Date Assigned:	07/23/2014	Date of Injury:	08/21/2007
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 a 56-year-old male who was injured on 08/21/2007 when he was moving a wheelbarrow of debris weighing 500-600 lbs and tripped and fell. The patient underwent a left lumbar epidural steroid injection using fluoroscopy on 06/04/2014. Diagnostic studies reviewed include MRI of the left hip dated 04/04/2014, that revealed mild tendinosis of the gluteus minimus tendon. There is mild spurring of the head and neck junction. The right hip revealed partial delamination of the acetabular roof as well as spurring of the acetabular rim. There is mild tendinosis of the gluteus minimus tendon. Office visit dated 05/19/2014 states the patient presented with continued radiculopathy symptoms along the lumbar spine and his cervical spine. On exam, the right foot demonstrates irritation especially along the second and third tarsometatarsal (TMT) joints. He has posterior tibialis tendonitis. The peroneal nerve irritation and superficial peroneal nerve tenderness is improved. He continues to have decreased motor strength at 4/5 in terms of ankle inversion/eversion, which is improved with 4-/5 previously. He continues to have 5 degrees of hind foot valgus on the bilateral lower extremity, right side worse than the left. Sensation is intact in all areas. He is diagnosed with mid foot arthritis, along the second and third TMT joint; plantar plate splitting; fibular sesamoiditis. Prior utilization review dated 06/05/2014 states the request for a Functional Restoration Program is denied, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 49. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, FUNCTIONAL RESTORATION PROGRAM.

Decision rationale: According to MTUS Guidelines, criteria for the general use of multidisciplinary pain management programs is as follows: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and (6) Negative predictors of success above have been addressed. In this case records do not establish that the patient has motivation to change and is willing to forgo secondary gains. Negative predictors of success, specifically high levels of psychosocial distress and dysfunction, have also not been adequately addressed. As such, the request is not medically necessary.