

Case Number:	CM13-0031228		
Date Assigned:	12/04/2013	Date of Injury:	09/05/2011
Decision Date:	02/05/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Emergency Medicine, 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 patient is a 30-year-old male who was injured on September 5, 2011. The patient continued to experience pain in his left foot. Physical examination was notable for antalgic gait, decrease in temperature left lower leg, decreased hair distribution left foot, and allodynia of the left lower leg. Diagnoses included chronic regional pain syndrome, chronic pain syndrome, and gait dysfunction. Treatment included medications physical therapy, spinal cord stimulator, TENS unit, interdisciplinary pain rehabilitation program, and surgery. Request for authorization for reassessment for 4 hours at a [REDACTED] was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reassessment; 1 visit, 4 hours at the [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Chronic Pain Programs (Functional Restoration Programs)

Decision rationale: [REDACTED] It is an interdisciplinary pain rehabilitation program is recommended, although research is still ongoing

as to how to most appropriately screen for inclusion in these programs. Interdisciplinary pain programs emphasize the importance of function over the elimination of pain. Interdisciplinary pain programs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient Interdisciplinary pain program include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case the patient completed the six weeks in the [REDACTED] with decrease in opiate usage. Within 4 months of completion of the [REDACTED] the patient was experiencing increasing pain and decreased function. Lack of past progress is an indicator that future progress is unlikely. The likelihood of long-term success is unlikely with repeat of the program. The request is not medically necessary.