MAXIMUS Federal Services

Case Number:	CM15-0104282		
Date Assigned:	06/08/2015	Date of Injury:	04/11/2013
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 33 year old male injured worker suffered an industrial injury on 04/11/2013. The diagnoses included pain in joint ankle foot. The diagnostics included left ankle magnetic resonance imaging. The injured worker had been treated with 2 ankle surgeries and medications. On 5/8/2015 the treating provider reported continued severe constant pain in the left ankle and foot. He stated he feels like there was a ball under his arch that keeps growing. He stated that weight bearing causes the pain to increase significantly and has had to alter the gait so as not to apply pressure to the painful area. He reported numbness and tingling in the toes of the left foot. He also stated there was swelling in the left ankle after being on his feet for a prolonged period of time. He stated he tried using compression stockings in the past but they did not help. The pain was rated 7 to 10/10. The treatment plan included Functional Restoration Program Initial Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Initial Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a functional restoration program initial evaluation is medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system The criteria for general use of multi-disciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are left ankle ligamentous tear, status post to surgical procedures with persistent left foot and ankle pain. Documentation from April 24, 2015 progress note indicates the injured worker had two prior ankle surgeries on the left. The worker continues to have pain and discomfort with limited ability to emulate more than a quarter of a mile. The documentation indicates a possible third surgery to remove scar tissue. If scar tissue is adding to the injured worker's chronic localized pain to the affected ankle, all previous methods have not been exhausted in terms of addressing chronic pain. Additionally, the documentation indicates the injured worker was taking ibuprofen and Tylenol prior to the April 24, 2015 progress note. The pain management provider on April 24, 2015 initiated treatment with Nabumatone and Gabapentin. An appeal (to the denial) was submitted by the treating provider on May 19, 2015. The appeal states the patient might be a candidate for possible surgery for scar debridement. Although the worker prefers to avoid surgery (if possible) the documentation does not state whether or not scar is in fact a contributing cause to the injured workers continued pain in the affected ankle/foot. The guidelines state if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided. There are no major negative predictors of success identified the medical record. Based on the clinical information in the medical record, ongoing pain and discomfort in the affected ankle status post two surgeries, failed opiate therapy, a functional restoration program initial evaluation is medically necessary.