

Case Number:	CM15-0191318		
Date Assigned:	10/05/2015	Date of Injury:	07/31/2013
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52 year old female, who sustained an industrial-work injury on 7-31-13. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS), Reflex sympathetic dystrophy syndrome, injury right foot and ankle, arthralgia, traction neurapraxia tibial and sural nerve right foot, sacroiliac joint dysfunction, plantar fasciitis and lumbar radiculopathy. Treatment to date has included pain medication including Percocet, Flexeril and Xanax, diagnostics, lumbar sympathetic block, physical therapy (unknown amount), and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-29-14 reveals L4-L5 annular disc bulge and facet hypertrophy with mild bilateral neural foraminal narrowing. Medical records dated (4-29-15 to 8-12-15) indicate that the injured worker complains of pain in the lumbar spine and right leg with any activity. The pain is also increased due to her awkward gait with the Complex regional pain syndrome (CRPS) and plantar fasciitis. The pain is rated 3-5 out of 10 on the pain scale and has been unchanged.

The physician indicates that she has completed 4 adjustment rehab visits to date. Per the treating physician report dated 8-12-15 the injured worker has work restriction. The physical exam dated 8-12-15 reveals moderate tenderness right foot with trace edema and painful limited range of motion. There is diffuse tenderness from the digits of the right foot to the ankle and the area is also colder than her left foot and leg with a purplish hue. There is moderate tenderness to the plantar fascia of the right foot. There is tenderness of the lumbar spine and sacroiliac joint, consistent with muscle spasm. There is decreased sensation in the medial aspect of the right foot and the sural nerve distribution of the right foot. There is positive straight leg raise on the right.

The physician indicates in the medical record dated 4-7-15 that while her condition has stabilized, she would be appropriate for a more intense rehabilitation effort directed at her Complex regional pain syndrome (CRPS). The request for authorization date was 8-27-15 and requested service included Consult- Functional Restoration Program. The original Utilization review dated 9-2-15 non-certified the request for Consult- Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult/ Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic Pain and Functional Restoration, Chapter 6, pages 107 and 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, Chronic Pain programs (functional restoration programs), pages 30-32, is recommended when patients have conditions that put them at risk for delayed recovery. In addition, criteria includes "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." Criteria for the general use of multidisciplinary pain management programs: 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case the submitted documentation does not indicate that baseline functional testing has been performed, exhaustive pharmacotherapy has been attempted, or that the claimant exhibits motivation to change and is willing to forgo secondary gains. Therefore, the guidelines for this request have not been met and the determination is for non-certification. The request is not medically necessary.