

<b>Case Number:</b>	CM15-0203262		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 injured worker is a 38-year-old male who sustained an industrial injury on 09-29-2014. Medical records indicated the worker was treated for chronic right foot pain following an open fracture of phalanx of the right foot. In the Functional Restoration Program (FRP) initial evaluation of 09-10-2015, the worker complains of pain when standing longer than 10 minutes, walking greater than 30 minutes, and climbing stairs. Pain was rated an 8 on a scale of 0-10 with weight bearing. He has increased anxiety and depression on an intermittent basis. Psychologically, his chronic pain symptoms affect his ability to carry out activities of daily living including self-care. He reports stress and anxiety with family and relationships secondary to his chronic pain symptoms. He experiences difficulty falling and staying asleep. On physical exam, he has mild limitation of right great toe and third toe range of motion, minimal movement of the right second toe, tenderness to palpation over the right dorsal forefoot over the first, second, and third metatarsals, no swelling or color changes, and he has an antalgic gait with weight bearing on the left leg. His diagnosis includes a crush injury to the right forefoot with right second toe comminuted fractures. He had open reduction internal fixation on 10-24-2014. He has chronic right foot pain and gait disturbance. The medical treatment plan was to increase his range of motion of the right foot, improving standing and weight bearing, reduce his gait disturbance, and improve his ability to cope with chronic pain. The psychological treatment plan is to provide cognitive and behavioral strategies and psychosocial support in a group setting where he can increase his coping skills for an overall improvement in his pain and improvement

in quality of life. A request for authorization was submitted for Functional restoration program, 160 hours. A utilization review decision 09-30-2015 non-certified the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional restoration program, 160 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program 160 hours is not 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 multidisciplinary 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 (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. 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 depressive disorder NOS; anxiety disorder NOS; crush injury to the right forefoot with right second toe comminuted fracture requiring open reduction internal fixation October 2014; chronic right foot pain; and gait disturbance. According to the September 10, 2015 progress note, the injured worker complains of ongoing right forefoot pain with pain score of 8/10. Range of motion is decreased in the right great toe. There is significant limitation in the right third toe. There is tenderness to palpation over the right dorsal forefoot. Current medications include over-the-counter Tylenol. According to a psychological evaluation dated September 10, 2015, the injured worker complains of chronic pain symptoms that have negatively affected his ability to perform activities of daily living. The injured worker reports significant depression that can exacerbate his pain and dysfunction and impair his ability to

utilize self-care strategies. The injured worker's anxiety can also contribute to a secure movement and inhibiting physical rehabilitation. The psychiatric history indicates the injured worker has current symptoms of depression, low energy and motivation, memory and concentration problems, sleep and appetite disturbance, feelings of worthlessness and guilt and depressed and irritable mood. He also reports anxiety with symptoms of panic. Psychological testing indicates moderate somatic problems, moderate to severe depression and severe anxiety. The negative predictors of success include high levels of psychosocial distress. The documentation indicates the injured worker has moderate to severe depression and severe anxiety. The injured worker has current symptoms of depression, low energy and motivation, memory and concentration problems, sleep and appetite disturbance, feelings of worthlessness and guilt and depressed and irritable mood. He also reports anxiety with symptoms of panic. According to the utilization review, the documentation indicates the injured worker received only four sessions of physical therapy with documented functional gains and reduces pain. The injured worker reports increased depression and anxiety. Utilization review indicates the injured worker has not received treatment for depression and anxiety other than cognitive behavioral therapy. There is no documentation of objective functional improvement. Additionally, treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The treating provider is requesting 160 hours in lieu of 80 hours (or less) pending subjective and objective gains. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of moderate to severe depression and severe anxiety with no treatment of the underlying psychological issues (significant negative predictors of success), and an excessive number of hours without documentation of subjective and objective gains, functional restoration program 160 hours is not medically necessary.