

Case Number:	CM15-0210820		
Date Assigned:	11/20/2015	Date of Injury:	06/07/2010
Decision Date:	12/31/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	10/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 6-7-2010. Medical records indicate the injured worker is being treated for neuralgia and neuritis, synovitis and tenosynovitis of the right ankle and foot, stress fracture of right foot and neuroma of amputation stump. Per the treating physician's notes dated 9-11-2015 through 10-21-2015, the injured worker reports she continues to have pain in her feet, right greater than left and reports the pain has been worse lately. She also reports burning and tingling pain and sensitivity to touch in the right foot and bilateral hip pain that comes and goes. The injured worker reports her pain on average is rated 5 out of 10 even without weight bearing, but with weight bearing her pain can increase to 8 out of 10. The injured worker reports her major problem continues to be standing and walking and weight bearing is particularly troublesome for her foot. The injured worker is using diclofenac 3 percent topical gel and reports it seems to help. The treating physician reports on 10-21-2015 physical exam that the injured worker has moderate edema present on dorsum of foot and she has positive Tinel's to percussion of the dorsum of the foot at the 3rd and 4th rays and she also has mild edema present on the plantar foot. Her gait is reported as grossly antalgic, she limps constantly. Per the treating physician her work status is permanent and stationary and is requesting the functional restoration program. The injured worker noted on 9-11-2015 that she was given the care of a foster baby for the next 6 months or so. Treatment to date for the injured worker includes surgery on 12-17-2013 (right metatarsal capsulotomy, condylectomy, and pinning of the second through fourth digits and excision of a stump neuroma from the right foot), several neurolytic injections, acupuncture, deep box orthotic shoes,

compression socks, and ketamine cream. A request for authorization was submitted on 9-22-2015 for functional restoration program, quantity 160 hours. The UR decision dated 10-24-2015 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, quantity: 160 hours: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include: 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there seemed to be some information to suggest this worker was a candidate for a functional restoration program and other evidence such as good control of pain with medication and ability to function independent of the chronic pain. However, considering she is a candidate, this request for essentially 20 full days (160 hours) of a program attendance is more than medically necessary without a trial. A request for up to 80 hours to reveal benefit before extension would be more appropriate. Therefore, this request will be considered medically unnecessary as written.