

Case Number:	CM15-0051501		
Date Assigned:	03/24/2015	Date of Injury:	12/30/2009
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 27-year-old male, who sustained an industrial injury on December 30, 2009. He reported a twisting type injury with significant left ankle pain. The injured worker was diagnosed as having sciatica, pain in joint lower leg, chronic low back pain, chronic left ankle sprain, chronic pain syndrome and gait difficulties. Treatment to date has included ankle support, TENS unit, massage therapy, physical therapy, diagnostic studies and medication. On February 9, 2015, the injured worker complained of chronic low back pain that occasionally radiates into the left lower extremity. He also complained of severe pain in the left dorsal aspect of the left ankle. He reported difficulties with cooking, cleaning and standing secondary to his ongoing pain in his left foot and ankle. The treatment plan included a request for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at the [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Criteria for general use of multidisciplinary pain management programs Page(s): 31 and 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The patient is a 27-year-old male with an injury on 12/30/2009. He had a left ankle injury but was not a surgical candidate. He then complained of leg pain, back pain, sciatica and chronic pain syndrome. On 08/07/2013, electrodiagnostic studies were normal. In 2013, an IME suggested psychiatric treatment prior to any functional restoration program. On 05/21/2014, he had suicidal ideation. There were notes in his file that revealed clinical depression and anxiety and symptom magnification. He was not compliant with follow up and on 01/28/2015, it was noted that he had not been seen since 05/2014. MTUS, Chronic Pain guidelines on functional restoration programs note difficulty in deciding how to appropriately screen for inclusion in these program. Compliance should be a factor in screening for evaluation and entrance into these programs. The MTUS Cochrane studies excluded patients with sciatica and those receiving payments (pension). There is insufficient documentation to substantiate the medical necessity of a functional restoration program for this patient. Thus, the initial evaluation is not medically necessary.