

Case Number:	CM13-0036335		
Date Assigned:	12/13/2013	Date of Injury:	03/13/2007
Decision Date:	04/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old who sustained a work related injury on March 13 of 2007 when the patient slipped off an attached ladder on the back of his work truck and fell 3 ½ feet to the ground. The patient sustained an injury to the left wrist, left upper extremity, chest, both knees and lumbar spine. Since then, the patient has been unable to work because of pain and has taken narcotic pain medication to control his discomfort. The patient graduated from a functional restoration program on 9/20/13 having undergone a 30 day program. At the end of the treatment periods, the patient's provider convened to discuss the patient's case as documented on the discharge summary from the Northern California Functional Retoration Program (NCFRP) multidisciplinary conference week #6. The patient "reported clear improvement in his ability to cope with and manage his chronic pain and its comorbid psychological distresses".

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) VISITS OF OUTPATIENT FUNCTIONAL RESTORATION PROGRAM AFTER CARE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 49.

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. 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 when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The Chronic Pain Medical Treatment guidelines does not provide for a time frame or limited/maximum numbers of weeks of service for a patient to participate in a Functional Restoration Program. The request for six additional visits for aftercare is made to maintain the gains obtained during the NCFRP treatment program at the time of his graduation from the NCFRP. Because the patient was successfully weaned from narcotic pain medication, he would benefit from further intensive functional therapy. The request for six visits of an outpatient functional restoration program after care is medically necessary and appropriate.