

Case Number:	CM13-0054475		
Date Assigned:	12/30/2013	Date of Injury:	09/02/1991
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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:

Claimant is a 60 year old male with date of injury 9/2/1991. Per progress note dated 10/15/2013 the claimant complained of 7-8/10 pain, with the pain being at best a 5/10 and increasing to a 10/10 at its worst. The claimant also noted pain 90-100% of the time. The pain was described as aching, throbbing, shooting, stabbing, sharp, numbing and pins and needles. The impact of pain had been severe in the claimant's perspective, as he needed some assistance with bathing and dressing, was unable to do home duties without help, and had a complete loss of social and recreational activities. On exam the claimant's posture revealed some flattening of his lumbar lordosis, and he had a slightly guarded gait secondary to pain. Lumbar spine range of motion was measured for a forward flexion of 60 degrees, extension of 10 degrees, and a right and left side tilting of 10 degrees. Lower extremity range of motion was within functional limits, and lower extremity strength was recorded as 5/5 bilaterally throughout. Reflexes were measured at 2/4 bilaterally at the knee and 1/4 bilaterally at the ankle. Log roll was negative bilaterally, and he had a mild to moderate restriction with low back pain on Fabere testing bilaterally. Straight leg raise was measured as 60 degrees bilaterally, with low back pain. Upon examination, sensation was revealed to be decreased to light touch at the peripheral neuropathy distribution of the lower extremities, and there was tenderness to palpation across the spinous process and paraspinal muscles of the lumbar and sacral regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 3 weeks [REDACTED] Interdisciplinary Pain Rehabilitation program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Rehabilitation Program: Chronic Pain, Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Risk Stratification, Functional Restoration Programs (FRPs), Page(s): 6, 49.

Decision rationale: It is noted in review of the medical records that the employee had a suicide attempt in 11/2012 and was subsequently hospitalized for two weeks. Progress note dated 4/3/2013 reports that the employee is interested in the [REDACTED] program for medication weaning. According to the Chronic Pain Medical Treatment Guidelines, studies have shown that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. Functional restoration programs 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. 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. 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. 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. Functional restoration is the goal of chronic pain management. The employee has proven to be a challenge to manage, and be a challenge to manage, and by risk stratification may not do particularly well in a functional restoration program. These guidelines do support considering functional restoration programs, particularly when the employee is interested in participating in such a program. The request for prospective 3 weeks [REDACTED] Interdisciplinary Pain rehabilitation program is determined to be medically necessary.