

Case Number:	CM13-0060800		
Date Assigned:	06/09/2014	Date of Injury:	12/27/2006
Decision Date:	08/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 47-year-old with a reported date of injury of 12/27/2006. The patient has the diagnoses of pain in joint lower leg, pain in joint ankle/foot, degeneration of lumbosacral disc, and disruption of the anterior cruciate ligament. Past treatment modalities included knee and ankle surgery. Progress notes dated 11/08/2013 from the [REDACTED] Functional Restoration program notes a 75-80% reduction in the patient's initial symptoms of anxiety and depression. The patient had completed a six week course and was discharged with a comprehensive home exercise program. Progress notes from the primary treating physician dated 11/19/2013 states the patient did not receive any significant pain relief through the restoration program and the pain remains a 7-8/10. The patient did note the exercises learned through the program were beneficial and he could walk and sit for 5 minutes longer. The patient continued to experience depressive symptoms and there was no change in mood. Physical exam shows ambulation without assistance. Treatment plan was for continued medication. A utilization review dated 11/21/2013 failed to certify the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM AFTERCARE PROGRAM X 6 SESSIONS:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Treatment post-program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The California MTUS addresses functional restoration programs in the chronic pain treatment guidelines as follows: 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. For general information see Chronic pain programs. The patient completed a total of six weeks of the program. After each week there was a documentation of subjective and objective goal and gains. The criteria were met and thus the request for functional restoration program aftercare program x 6 sessions is medically necessary