

<b>Case Number:</b>	CM13-0067599		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Emergency Medicine, and is licensed to practice in New York. 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 34-year-old male who was injured on December 1, 2011. The patient continued to experience pain in his neck, upper back, and shoulders. Physical examination was notable for abnormal posturing. MRI of the cervical spine showed an annular tear at C5-6. Diagnoses included cervical disc degeneration, and shoulder pain. Treatment included physical therapy, and chiropractic care. The patient received authorization for 2 weeks in a functional restoration program. After one week, the patient's testing indicated higher pain intensity and an increased degree to which pain interfered with his function. Request for authorization for additional 2 weeks of functional restoration program was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL RESTORATION PROGRAM ADDITIONAL 2 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs)..

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Pain Interventions and Guidelines 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.

(FRPs) are interdisciplinary pain programs and 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the progress report for the FRP indicated that the patient had reported subjective gains, but increased pain intensity with increased activity. Functional objective gains were mild. The modest gains that the patient achieved are not sufficient for continuation of the program. Re- evaluation should be done at the end of the second week. The request is not medically necessary and appropriate.