

Case Number:	CM14-0100331		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2013
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 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 claimant was injured on 11/01/13. A functional restoration program is under review. On 05/21/14, the patient still had pain and discomfort involving his low back and legs. Motor was 5/5. He had a positive straight leg raise on the left side and decreased sensation. He was diagnosed with lumbosacral sprain, radiculopathy and disc displacement. He saw [REDACTED] and he had also seen psychology and physical therapy and had an initial evaluation. Sensation was decreased on the left side but it is not described. Deep tendon reflexes were intact. He was to continue Norco. A functional restoration program was ordered as he has a chronic disabling condition and had tried and failed numerous treatments including therapy, medication, injection, electro-acupuncture and was not a surgical candidate. He remained on restricted work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs: Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Bendix, 1998; Linton, 2001; McGeary, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 82.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Functional Restoration, page 82. The Expert Reviewer's decision rationale: The history and documentation support the request for a Functional Restoration Program. The MTUS state "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 claimant had a course of treatment for about six months following his injury and he had attended multiple conservative treatment visits, including Physical Therapy and acupuncture and also had a psychological evaluation although the results are not clearly noted. He remained symptomatic and at limited activity with delayed recovery evident. [REDACTED] stated that he was not a surgical candidate. He had completed all other reasonable lower level conservative care and remained at limited functional capacity. This request for a Functional Restoration Program can be supported as reasonable and appropriate to try to further optimize his recovery. A modification of the request to 2 weeks followed by an assessment of his progress is medically necessary.