

Case Number:	CM14-0106410		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2008
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 03/26/08. 2 weeks of a functional restoration program are under review. He sustained a brain injury. He sustained multiple skull and facial fractures with repairs. He has loss of smell and hearing and depression. He had a subarachnoid hemorrhage with cognitive dysfunction, GERD and is status post bone a graft to the maxillary sinus in April 2009. He received treatment including rehabilitation, surgeries, and a functional restoration program. On 06/06/14, he was seen and was benefiting from the functional restoration program. He had a depressed skull and well-healed scar with normal-appearing VP shun, loss of teeth, and decreased hearing bilaterally. He had decreased shoulder range of motion and mild weakness of the extremities with decreased sensation over his face. He was in the fourth week of the functional restoration program. The records indicate his movement had improved by 45%, body mechanics by 60%, posture by 40%, lower extremity strength by 40%, upper extremity strength by 5%, range of motion by 35%, spinal stability by 30%, function by 35%, and balance by 10%. He attended the program for 4 weeks. He has reportedly improved his endurance and strength. He was attending group psychotherapy and a weekly PT progress report was done. The report dated 06/13/14 indicated that his sitting tolerance had improved by 5 minutes, standing by 15 minutes, walking by 5 minutes by week #4. He does not drive. His education had improved by 45%. The goal was for him to be independent with flareup management, pacing, relaxation breathing. He had improved 45% toward becoming independent with exercise and regarding overcoming fear of injury. He had improved 60% with the use of a stationary bike. His posture improved by 40%. He had also improved his strength and his flexibility additional goals were set. He was attending Tai Chi exercises. Of note at week #2, his improvement was similar to that at week #4. There was mild improvement from week #2 to week #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 WEEKS PARTICIPATION IN A FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

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

Decision rationale: The MTUS Chronic Pain Guidelines states "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." In this case, the claimant had devastating injuries with multiple sequelae and is likely an outlier due to his multiple traumas and head injury and the chronicity of his complaints. He has made progress, however, and there is no evidence that he has clearly plateaued, though his progress has been slow. The request for 2 additional weeks cannot be supported. As such, the request is not medically necessary and appropriate.