

Case Number:	CM14-0112131		
Date Assigned:	08/01/2014	Date of Injury:	08/15/2011
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 38-year-old male who reported injury on 08/15/2011 caused by an unspecified mechanism. The injured worker's treatment history included surgery and medication. The injured worker was evaluated on 05/22/2014 and it was documented the injured worker complained of persistent lower extremity pain. The provider noted he had benefit from sacrotuberous injections and using Butrans topical Buprenorphine. Physical examination of the musculoskeletal region revealed normal muscle tone without atrophy in the upper and lower extremities. Range of motion in upper and lower extremities was 5/5. Left extremity thigh flexion was 4/5, lower leg flexion was a 4/5 and lower leg extension was a 4/5, and extensor hallucis longus was a 4/5. Medications included Gabapentin 600mg, Pantoprazole 20mg and Butrans 10mcg/hour patch, and Viagra 100mg. Diagnoses included pain in joint lower leg, sprain sacrotuberous and causalgia lower limb. The provider noted, in regards to the denial of the functional restoration program, we would point out that any adequate and thorough evaluation has been medically baseline functional testing. Previous methods of treatment for the chronic pain for this injured worker has been unsuccessful other than repeating his sacrotuberous injections, overall there was an absence of options with likely overall improvement in clinical outcome. The injured worker exhibit any negative predictors for success and the injured worker was motivated to change, and was willing to forego secondary gains including disability payments to affect this change. The injured worker was not a candidate for surgery at this time. The provider failed to submit documents of conservative care such as, physical therapy and home exercise regimen for injured worker. The Authorization for Request dated 06/17/2014 was for functional restoration program. The rationale the injured worker has failed all conservative care measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program - One Evaluation:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 49-50.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state 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, were originally developed by Mayer and 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. 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. The guidelines 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 bio psychosocial 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. The documentation submitted indicated the injured worker had failed conservative care however, the outcome measurements were not submitted for this review. In addition, the provider failed to indicate injured worker long-term functional improvement goals. Given the above, this request is not medically necessary.