

<b>Case Number:</b>	CM14-0123719		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & 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 51-year-old male with a reported date of injury on 05/09/2007. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include chronic pain syndrome, myofascial pain/myositis, and lumbar disc displacement without myelopathy, lumbar/lumbosacral disc degeneration, lumbar region sprain/strain, lumbosacral neuritis or radiculitis. His previous treatments were noted to include acupuncture and Functional Restoration Program. The progress note dated 07/16/2014 revealed his pain intensity without medications was rated 7/10 and his average daily was 6/10 to 7/10. The provider indicated the injured worker had successfully completed his 24 sessions of the Functional Restoration Program and was participating in the aftercare program. The documentation provided indicated the injured worker had received 25 visits of physical therapy and he had achieved 3/5 short term goals and 2/5 long term goals and was being discharged from physical therapy. The provided reported the injured worker was at 70% of his cognitive restructuring, which was up from 65% the prior week. The provided indicated his insight into the psychological and emotional patterns were at 65%, which was up from 60%. The injured worker continued to focus on responsibility for his health and well-being, and was at 55%, up from 50% a week earlier. The injured worker was learning to utilize his independent coping skills which was at 80%, and was up from 75% a week earlier. The provider indicated the injured worker still had an issue with back pain which was ultimately inhibiting his functional independence with his home exercise program; even though he was independent with the program in terms of exercising, he was limited by pain in most respects. The provider indicated the injured worker continued to show good progress across the board. The documentation provided indicated week 13, the injured worker had completed 20 of 24 recommended sessions and had been consistently been compliant with the program. His short term goals had been obtained in terms of independence and his home

exercise program. His sleep hygiene had been obtained, and he had obtained 60% of improved sleep hygiene, which was up from 55% a week earlier. His cognitive restructuring was up 65%, which was up from 55% a week earlier. The provider indicated the final 4 sessions of the programs would help to maintain functional levels of improvement as well as consistency that he had brought forth and would carry over long term. The provider indicated 4 sessions were recommended in order to maintain the functional levels of improvement and get good positive feedback in the course of the program. The Request for Authorization form was not submitted within the medical records. The request was for continuation of Functional Restoration Program for an additional 4 sessions, to maintain functional levels of improvement and get good positive feedback.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continuation of functional restoration program for 4 additional sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Continuation of functional restoration program for 4 additional sessions is not medically necessary. The injured worker completed 24 sessions of the Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Programs, a type of treatment included in the category of interdisciplinary pain programs, 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. 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. There is a lack of documentation regarding a clear rationale and reasonable goals to be achieved with the additional 4 sessions from the Functional Restoration Program. Therefore, due to the lack of documentation regarding reasonable goals, the request is not medically necessary.