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| Case Number: | CM14-0138295 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/12/2007 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 54 year-old with a reported date of injury of 09/12/2007. The patient has the diagnoses of lumbar post-fusion syndrome, lumbar degenerative disc disease, right lower extremity radiculopathy, diffuse regional myofascial pain, chronic pain syndrome with sleep and mood disorder and hypogonadism secondary to chronic opioid use. Treatment modalities have included surgical intervention, epidural steroid injection therapy and physical therapy. Per the most recent progress reports dated 08/14/2014, the patient had complaints of back pain that is not improving on current treatment regimen. The physical exam noted no change since previous physical exam from 07/15/2014. Treatment recommendations included medication modification, request for functional restoration program and continued therapy through psychiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: 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 [REDACTED]. 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. For general information see Chronic pain programs. The requesting physician states the need for the functional restoration program is due to the patient's dysthymia, poor biomechanics and pain avoidance. Per the patient's psychiatric provider's note dated 08/04/2014 state the patient feel like the program "may not be right for him at this time". In May of 2014 the primary treating physician had recommended a multidisciplinary evaluation for more complex treatment planning. The subsequent multidisciplinary conference report did not recommend functional restoration program as part of the patient's complex treatment plan. Though functional restoration programs are recommended, the patient is indicated to have a lack of motivation to participate in a program. In addition these programs are only recommended for a 2 week trial. The request does not specify a time frame for the program. For these reason the request of Functional Restoration Program is not medically necessary and appropriate.