

Case Number:	CM14-0034401		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2009
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 61 year old female who reported an injury on 09/10/2009 due to a mechanism of unknown origin. The injured worker was diagnosed with Cervicalgia, Lumbar/Lumbosacral Disc Degeneration, Fibromyalgia, Sprain to Shoulder/Arm, nos and Cervical Disc Degeneration. The physician prescribed Celecoxib as well as heat and cold applied to the affected sites. The injured worker demonstrated stress, anxiety, decreased range of motion, poorly managed pain, and the decreased ability to return to work. The physician is requesting a Functional Restoration Program (FRP) for the cervical and lumbar spine. The request for authorization and rationale were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs. Decision based on Non-MTUS Citation ODG: Functional improvement measures; Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRP) Page(s): 30-32.

Decision rationale: The request for Functional Restoration Program is non-certified. The injured worker presents with a high level of stress factors outside the work place and these factors continue to affect her physical and emotional condition. CA MTUS guidelines for Functional Restoration Programs note being a claimant may be a predictor of poor long-term outcomes. These treatment modalities are based on the bio psychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. 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. 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. The guidelines suggest treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker's history point to her being a poor candidate for a rehabilitation program that has little scientific evidence for its effectiveness. The physician did not suggest a facility with this program intact and holding an effective history of operation. As such, the request is non-certified.