MAXIMUS Federal Services

Case Number:	CM14-0037216		
Date Assigned:	06/25/2014	Date of Injury:	05/19/2001
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 Practice 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 50 yr. old female claimant sustained a work injury on 10/31/01 involving the neck, shoulders, wrists and hands. She was diagnosed with cervical radiculopathy, shoulder sprain, brachial neuritis and sprains of the wrists. She was treated with cervical trigger injections. Her urine drug screen was consistently positive for Marijuana and antidepressants. Her pain had been managed with Flector patches, Norco and Orudis but continued to remain at 5-8/10. A progress note on 2/14/14 indicated the pain characteristics were unchanged. She had been doing home exercise and using TENS unit. She was pending an evaluation with a psychologist and therapy. Exam findings were notable for reduced range of motion in the cervical spine, tenderness in the paraspinal areas and a positive Spurling's sign. The treating physician requested a Functional Restoration Program Evaluation to regain function, reduce pain and use of analgesics.

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 (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 48.

Decision rationale: According to the MTUS guidelines, FRP is 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. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. 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.In this case, the predominant pain was associated with the neck. There is little evidence to support the effectiveness for this region. Although FRP in general is recommended the benefits reduce over time. Based on the claimant's diagnoses and lack of good evidence to support FRP for her anatomic region, the FRP is not medically necessary.