

Case Number:	CM14-0039203		
Date Assigned:	07/07/2014	Date of Injury:	09/24/2010
Decision Date:	08/14/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 patient is a 40 year-old woman who was injured at work on 9/24/2010. The injury was primarily to her back. She is requesting review of a denial for 2 additional weeks of a functional restoration program. The medical records indicate that she has received ongoing care for the injuries sustained at work. This has included imaging with an MRI that demonstrated a L3-4 disc extrusion and a L2-3 disc protrusion. She was treated with physical therapy and acupuncture, which did not help. She underwent further testing with an EMG and NCV which showed no evidence of neuropathy. She was then referred to a functional restoration program which was authorized for 4 weeks duration. A progress note dated 3/7/2014 indicates that she "is finishing her fourth week of the [functional restoration] program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Final Weeks of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Functional Restoration Programs (FRPs). FRPs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are 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. In this case the patient had prior authorization of treatment which the duration already exceeded the above published guidelines. There is no rationale presented in the request that justifies treatment beyond the recommendations provided in the guidelines. Therefore, an additional 2 weeks of participation in a functional restoration program is not considered as medically necessary.