

Case Number:	CM14-0039750		
Date Assigned:	06/27/2014	Date of Injury:	06/16/2010
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Management, and is licensed to practice in Texas and Oklahoma. 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 32-year-old who reported injury on June 16, 2012 caused by repetitive farming activities, hoeing, pulling weeds and working in oil fields that required even more repetitive work. The injured worker sustained injuries to her neck and wrists. The injured worker's treatment history included MRI, medications, and failed ESI injections. The injured worker was evaluated on August 10, 2013 and it was documented the injured worker complained of pain was located in the following areas right greater than left bilateral upper extremities, bilateral elbows, forearms, wrists and hands. She described pain to numbness with right C8-T1 distribution as well as bilaterally with the median nerve distribution right greater than left side. Intensity of pain was high with activities. The impact of pain had contributed to mark functional and pain related impairments. Significant economically because the injured worker has been unable to work. The physical examination of the cervical spine revealed no muscle spasms, paraspinal musculature sore, flexion was 45 degrees, and extension was 55 degrees right/left lateral flexion was 30 degrees. Elbow range of motion was right/left 140 degrees, and supination right/left was 90 degrees and pronation was right/left was 90 degrees. Range of motion was right/left palmar flexion 60 degrees, ulnar deviation right/left was 30 degrees, and radial deviation right/left was 20 degrees. Deep tendon reflexes right/left was 2+. It was noted there was no evidence of bony tenderness, joint effusion, enlargement or abnormal motion. No muscle fasciculations, atrophy, muscle weakness, asymmetry or reduced range of motion was noted. Diagnoses included B/L carpal tunnel syndrome, sprain of neck, myalgia and myositis NOS, cervical spine stenosis. The Request for Authorization dated August 10, 2013 was for a Functional Restoration Program. Rationale was for the injured worker's impact of hand has contributed to mark functional and pain related impairments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Programs:

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, state functional restoration programs are 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, were originally developed by [REDACTED] and 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. 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. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. 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. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted failed to include the injured worker failing conservative care measurements. In addition, the provider failed to indicate injured worker's long-term functional improvement goals. Therefore, the request for functional restoration programs is not medically necessary or appropriate.