

Case Number:	CM14-0042971		
Date Assigned:	07/07/2014	Date of Injury:	09/30/1999
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 49 year-old woman who was injured while at work on 9/30/1999. The injury was primarily to her neck. She is requesting review of denial for the following service: Functional Restoration Program, 8 Hours per Day. Medical records corroborate ongoing care for chronic neck pain. Diagnoses pertaining to her neck injury include the following: Spondylosis, Cervical without Myelopathy; Muscle Spasms; Cervicobrachial Syndrome; Facet Arthropathy; Chronic Pain. Her medication regimen for her neck problem includes Norco, Topamax, Diclofenac, and Nucynta ER. She has been treated with physical therapy, epidural steroid injections, and cervical fusion surgery. She has a prior approval for 80 hours involvement in a functional restoration program (decision date/4/24/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 8 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 32. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain/Functional Restoration Programs.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Functional Restoration Programs. These programs are listed as 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 Mayer and Gatchel. 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) Specific to this case, the patient has already received approval for 80 hours of participation in a Functional Restoration Program. From the available records, there is no evidence that the patient has participated in the program. The stated guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Under these conditions, failure to document participation in the already approved Functional Restoration Program and the time limitations of two weeks, the request Functional Restoration Program 8 hours per day is not medically necessary and appropriate.