

Case Number:	CM14-0049539		
Date Assigned:	07/07/2014	Date of Injury:	12/25/2012
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 claimant was injured on 12/25/12 while lifting a patient with a lift. She turned and felt cracking in her back. She reported pain later and sought treatment. A functional restoration program and sleep study are under review. Her diagnoses include lumbar spine discopathy, right lower extremity radiculopathy, psychiatric disturbance, depression/anxiety, and sleep impairment and she has tried medications, ice, heat, and diagnostics have been done. She has anxiety and depression with crying spells and difficulty sleeping. She has indicated that she can't sleep due to her medications. She saw [REDACTED] on 02/20/14. She reported constant shooting pain down the back of her right leg and constant low back pain. It was worse with bending over and lessened by rest. Her medications included gabapentin, tramadol, and cyclobenzaprine. She was unable to use anti-inflammatories and she was hospitalized for gastric ulcer from NSAID use in the recent past. She had an MRI in January 2013. She was referred to physical therapy. She saw [REDACTED] on 03/10/14 and he recommended a back brace, TENS/multi-stim unit, chiropractic care, and exercises. A TENS unit was ordered again and she was given topical medications. A drug screen was done on 05/05/14. Tramadol was noted and it was considered inconsistent. She had been prescribed topical agents. On 06/30/14, she was seen again and had been attending acupuncture. She did not think it was helping and she was frustrated. She had an antalgic gait. She had mildly decreased range of motion and positive straight leg raise on the right side only. She had decreased pinwheel sensory testing. Sleep impairment was mentioned. The acupuncture was discontinued. EMG/NCV was recommended. A consultation with pain management, psychiatry and a sleep study were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Restoration Program 2 x per week for 6 weeks QTY:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Functional Restoration Program, page 82 Page(s): 82.

Decision rationale: The history and documentation do not objectively support the request for an outpatient functional restoration program 2 x per week for 6 weeks, qty 12. The MTUS state Functional restoration programs (FRPs) 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 (see Chronic pain programs: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.), 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) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective

gains. There is no evidence that the claimant has completed all other reasonable care and has been deemed as not being a surgical candidate and other criteria do not appear to have been addressed with the claimant including her level of motivation and negative predictors of success. No surgical consultations were noted in the records. The medical necessity of a functional restoration program has not been clearly demonstrated. Therefore, the request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Sleep Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AIM Specialty Health (AIM). Polysomnography and home sleep testing. Chicago (IL): AIM Specialty Health (AIM); 2014 Mar 25.

Decision rationale: The history and documentation do not objectively support the request for a sleep study. The AIM Specialty Health guideline on sleep disorders states sleep breathing disorders [include]: Obstructive sleep apnea (OSA), Central sleep apnea (CSA), Narcolepsy, Parasomnias and related sleep movement disorders, including: Confusion arousals, Somnambulism (sleepwalking), Sleep terrors, Rapid eye movement (REM) sleep behavior disorder, Sleep-related epilepsy, Sleep bruxism, Sleep enuresis (bed wetting), Periodic limb movement disorder (PLMD), Nocturnal oxygen desaturation. None of these disorders appear to be present. The claimant stated that she had trouble sleeping due to her medications. There is no documentation of a reasonable history about her sleep problems or any trial of sleep hygiene, including advice on how to improve her sleep and consideration of discontinuation of the medications that may have been causing her to lose sleep. The medical necessity of this request for a sleep study has not been clearly demonstrated. Therefore, the request is not medically necessary.