Case Number:	CM14-0053258		
Date Assigned:	07/07/2014	**Date of Injury:**	03/21/2012
Decision Date:	11/14/2014	**UR Denial Date:**	04/18/2014
Priority:	Standard	**Application Received:**	04/21/2014

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 injured her low back on 03/21/12. A functional restoration program is under review. A [redacted] report indicates that she was diagnosed with an annular fissure of the disc at L4-5. Physical therapy and anti-inflammatories have helped with pain and mobility. Restrictions had initially been honored and then were not honored. She has had multiple medications. She was given a whole person impairment rating. On 10/16/13, objective findings included scoliosis. There was a positive SRL [sic] (SLR). X-rays revealed dextroscoliosis and an MRI showed an L5-S1 bulge and fissure. Repeat MRI showed a frank herniation with S1 nerve root deflection. Diagnoses included lumbosacral strain, mild fasciitis, and discopathy/neuropathy. She had completed physical therapy. She was thought to be a candidate for lumbar epidural steroid injection and possible surgery on 12/03/13. On 02/03/14, she received approval for a pre-injection evaluation by at Physical Medicine and Rehabilitation physician. On 04/07/14, a note indicates that a functional restoration program was awaiting approval. Lidoderm patches and a lumbar ESI pre-injection evaluation were still pending approval. On 04/11/14, there is an RFA for a functional restoration program. The claimant had recently deteriorated and worsened. She had worse pain at level 8-9/10 radiating to both thighs and anteriorly. She felt sad. The functional restoration program was again ordered. A neurosurgical evaluation was recommended and was approved on 04/22/14.

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 Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 82.

Decision rationale: The history and documentation do not objectively support the request for a functional restoration program. 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), 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 bio-psychosocial 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, at the time that the FRP was recommended, the claimant was also approved for a surgical consultation, the results of which are unknown. This type of program is not typically recommended until all other definitive care has been completed. The benefit to her of a functional restoration program, when she had a new finding of disc herniation and increased pain, along with a consideration for surgery, is unclear. There is no evidence that, at the time this request was made, all other reasonable care had been completed and she had chronic pain that was not likely to respond to additional treatment measures. The medical necessity of an FRP has not been demonstrated.