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| Case Number: | CM14-0073051 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/11/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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, 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 injured worker is a 46-year-old female who reported an injury on 5/11/12. She was reportedly injured after being attacked by a patient she was caring for. With the patient on the street, the patient suddenly turned to her, pulled her hair, and pulled her down to the ground, hitting her. With the patient off of her, she called her supervisor. The injured worker sustained injuries to her neck and right arm. The injured worker's prior treatment history included acupuncture, massage therapy, biofeedback, chiropractic care, physical therapy, medications, a functional restoration program, and epidural steroid injections. The documentation submitted indicated the injured worker had a multidisciplinary initial evaluation for a functional restoration program on 4/10/14 and it was suggested that the injured worker was an optimal candidate for a functional restoration program. She met all the criteria generally used for chronic pain programs according to MTUS Guidelines. It was documented that due the length and complexity of the injured worker's chronic pain syndrome, they did not consider that the injured worker would benefit from physical therapy or psychological therapy alone. The injured worker had a better chance to benefit from a more comprehensive treatment plan focusing on improving her current level of function. The injured worker was evaluated on 4/24/14 and it was documented that the injured worker had successfully completed the second week of the functional restoration program. The injured worker had completed 64 out of 67 authorized hours of functional restoration program. The injured worker complained of moderately severe, continuous neck pain which radiated to the right shoulder and right arm. The pain was characterized as aching and cramping with numbness and tingling running down the arm. The injured worker reported having difficulty sleeping at night. Nevertheless, she has remained motivated and has participated in all of the classes and lectures of the program. On examination of the cervical spine, flexion was 40 degrees, extension was 45 degrees, left lateral flexion was 35 degrees, and right lateral flexion

was 40 degrees. Pain level was 6/10. Medications included Naprosyn, Xanax, and Lexapro. It was documented that she learned new ways to manage her pain since starting the functional restoration program; however, activities of daily living increased her pain so she was not doing activities of daily living. It was noted that the injured worker had completed 64 hours of functional restoration program and had been complying with her treatment, she had shown motivation, and proven she had participated in all activities and lectures offered during the program. Diagnoses included neck pain, cervical radiculopathy, and chronic pain syndrome. The request for authorization dated 8/14/14 was for 80 hours of functional restoration program and the rationale was for completing the course of treatment designed for 160 hours to benefit her functional achievement goal.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 Hours of Functional Restoration program: Upheld

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

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

Decision rationale: Per the California MTUS 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 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted indicated the injured worker has already completed 64 hours of authorized Functional Restoration Program with shown motivation to improve and she has participated in all activities and lectures offered during program. In addition, although she participated in the functional Restoration Program she still complained of pain while during her activities of daily living. As such, the request for 80 hours of functional restoration program is not medically necessary.

