MAXIMUS Federal Services

Case Number:	CM14-0184298		
Date Assigned:	11/12/2014	Date of Injury:	02/06/2012
Decision Date:	03/10/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male with a work injury dated 02/06/2012. He stated that his injury occurred while he was holding down a heavy plastic used to cover raspberries. The wind lifted the plastic up and he felt a pop in his neck and left shoulder.The diagnoses have included chronic pain syndrome, myofascial pain syndrome, cervical 6 radiculopathy, cervicogenic headaches, insomnia and history of substance abuse. Treatment has consisted of medications, chiropractic therapy, myofascial release therapy and physical therapy. Surgery for a cervical 5-6 total disk replacement was done on August 13, 2013. The injured worker also had trigger point injections and durable medical equipment.Cervical MRI on 03/09/2012 suggested left paracentral disc extrusion at cervical 5-6 causing mild spinal stenosis with ventral cord flattening as well as severe narrowing of the left neural foramen. Left shoulder MRI on 03/05/2012 suggested a normal rotator cuff, no SLAP, no labral tear.Currently the injured worker (IW) continues to have chronic neck and shoulder pain. He reports the cervical surgery did not seem to help much. On visit dated 08/21/2014 the provider notes the main concern the IW had was taking numerous medications for several years. He had started a Functional Rehab Program and felt it was helping. At that time he had only attended 3 out of 9 sessions with a decrease in pain level from 8-9 (before the program) to a 7 on a 0 -10 scale. He had also started to walk at home since he started the program. Documentation on 08/27/2014 notes the injured worker (IW) is having outstanding progress. He stated the program was helping him a lot. The provider requested 12 additional sessions part day functional restoration.On 10/13/2014 utilization review modified the request noting the provider references several areas of progress and a further 6 sessions are

supported to allow ongoing documentation of progress toward treatment goals to allow further documented, clarification and support. Based on the clinical information submitted for this review and using the evidence based, peer review guidelines the request is modified for an additional 6 session's functional restoration program. Guidelines cited were MTUS.On 11/03/2014 the injured worker submitted an application for IMR for review of the request for 12 additional session's part day functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 session part day 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 Pain Interventions and Guidelines Page(s): 49. Decision based on Non-MTUS Citation Pain, Chronic pain programs (functional restoration programs)

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. 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. 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case there is no documentation of objective evidence of significant functional improvement. The patient developed a flare of his pain early in the program. Criteria for continuing the FRP have not been met. The request should not be authorized.