

Case Number:	CM15-0004722		
Date Assigned:	01/16/2015	Date of Injury:	07/20/2012
Decision Date:	03/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 45 year old male sustained a work related injury on 07/20/2012. According to a progress report dated 11/19/2014, the injured worker was continuing therapy and had improvement to his left shoulder but no improvement of the cervical spine. Diagnoses included cervical spine strain, cervical radiculopathy, cervical disc protrusion at C2, C3, C4, C5 and C6, right rotator cuff tendinitis and impingement syndrome with rotator cuff tear, bilateral wrist tendinitis with carpal tunnel syndrome and status post left shoulder operative arthroscopy with arthroscopic subacromial decompression and rotator cuff debridement. Cervical spine examination revealed tenderness to palpation in the upper paravertebral and trapezius muscle. Range of motion was 35 degrees flexion, 35 degrees right lateral bending, 40 degrees left lateral rotation and 30 degrees extension. There was increased pain with cervical motion. There was a negative Spurling, Adson and Wright maneuver. Examination of the right and left shoulder girdle demonstrated periscapular and trapezius tenderness with no winging. There was no tenderness and a negative Tinel's sign over the brachial plexus and thoracic outlet. Treatment plan included authorization request for epidural at C6-7. The injured worker was temporarily totally disabled for six weeks. On 12/30/2014, Utilization Review non-certified functional restoration program 2 x week x 3 weeks cervical spine, shoulder. According to the Utilization Review physician, there appeared 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, the treatment requested should be considered investigational. Without a clear rationale as to why an investigational treatment plan should be

trialed, the medical necessity of the request was not established. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines page 49 Functional Restoration Programs. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2x6, cervical spine, shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, p. 49, AND Chronic pain programs, p. 30-34.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. 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. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. 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. In the case of this worker, who had shoulder and neck complaints/injuries, the likelihood of a specialized restoration program being successful over other methods is less than in someone with low back pain, for which there is more evidence to support functional restoration programs. Considering this factor, it is of the opinion of this reviewer that the functional restoration in this case would be medically unnecessary over other programs.