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| Case Number: | CM15-0007844 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 04/06/2002 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 4/6/2002. On 1/14/15, the injured worker submitted an application for IMR for review of Physiotherapy functional restoration aftercare program for six sessions, #6. The Functional Restoration Program provider is requesting an additional 6 visits to assist in making a transition to holistic wellness and maintaining the goals obtained during the program to include onsite meetings with a psychologist and group of other participants. The diagnoses have included Lumb/lumbosacral disc degeneration, sciatica, post laminectomy syndrome, degeneration of the lumbar disc. Treatment to date has included status post spinal cord stimulator, four back surgeries (most recent 4/10/03), functional restorative program (160 hours), left total knee replacement, physical therapy. On 1/2/15 Utilization Review non-certified the Physiotherapy functional restoration aftercare program for six sessions, #6 per the MTUS, ACOEM Guidelines Chronic Pain Treatment Guidelines; ODG - Chronic Pain Programs (Functional Restoration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy functional restoration aftercare program for six sessions, # 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

Decision rationale: According to MTUS guidelines: “Chronic pain programs (functional restoration programs) Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the gold-standard content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary /multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005) (Patrick, 2004) (Buchner, 2006) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) 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) There is no documentation that the patient have a functional deficit that requires Functional Restoration Program and he is more a candidate for a full independent home rehabilitation program. Furthermore, there is no documentation of the objectives and goals of the prescribed FRP. Therefore, the prescription of Physiotherapy functional restoration aftercare program for six sessions, # 6 is not medically necessary.