

Case Number:	CM15-0145881		
Date Assigned:	08/06/2015	Date of Injury:	03/21/1987
Decision Date:	09/15/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

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:

The injured worker is a 63 year old female, who sustained an industrial injury on 03-21-1987. She has reported vaccine-related polyneuropathy. The diagnoses have included fibromyalgia polyarthralgia; idiopathic peripheral neuropathy; chronic fatigue syndrome; and chronic pain syndrome. Treatment to date has included medications, diagnostics, intravenous immunoglobulin (IVIG) treatments, acupuncture, physical therapy, home exercise program, and functional restoration program. Medications have included Coumadin, Oxycodone, Valium, and Zolpidem. A progress report from the treating physician, dated 05-01-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic pain syndrome; her sleep is disturbed; she gets depressed because of the recent stressors in her life and chronic fatigue and pain syndrome; she is not functional as she would like to be; she tries to complete her chores in the morning when she is at her functional best, however, there are times when she is unable to do that; she has numbness and tingling in her right upper extremity; she is tripping on her right leg; she gets tired very quickly; she gets frequent sore throats; she is undergoing a lot of personal stress; and the medications are helping her. It is noted that she attended a functional restoration program some time in 2002 and she states that it made an immense difference to adjustment to the chronic pain; the exercises and the tools that she learned at that time helped her immensely; and she is forgetting most of the teachings and she would like to attend the program again. Objective findings included not in any acute distress; alert and oriented; answers questions appropriately; affect is anxious; she exhibits difficulty with sitting down and standing up from the chair; gait is normal and non-antalgic, but very slow; she moves cautiously; and the strength

in the bilateral upper and lower extremities is grossly 5 out of 5. The treatment plan has included the request for twenty (20) day individualized and integrated functional restoration program using bio-psychosocial approach on an outpatient basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) day individualized and integrated functional Restoration Program using bio-psychosocial approach on an outpatient basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 31-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: 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 biopsychosocial 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. For general information, see chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request is for 20 days and therefore cannot be certified, as it does not meet guideline recommendations. Therefore, the request is not medically necessary.