

<b>Case Number:</b>	CM15-0146776		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 44 year old male who sustained an industrial injury on 12-21-13 when he fell ten feet off of a ladder striking the right frontal region of the head. He did not lose consciousness but had difficulty moving his arms and legs and had slurred speech. He was medically evaluated, placed in a cervical collar for four months and diagnostic testing (computed tomography) revealed evidence of spinous process fractures in the cervical and thoracic spine. He was not considered a surgical candidate. He had 24 sessions of physical therapy which were helpful but temporary. Of note, in 2003 he was involved in a non-industrial motor vehicle accident sustaining traumatic brain injury and subsequent epilepsy. He currently complains of severe, constant neck pain with a pain level of 8 out of 10; mid-thoracic pain (8 out of 10); constant low back pain that has increased on the left, radiating into the left posterior aspect of the thigh, left buttock and left posterolateral aspect of the calf (8 out of 10); right parietal headaches; sleep difficulties and significant difficulty coping with pain. On physical exam of the neck there was tenderness to palpation of the spinous process with guarding and decreased range of motion; in the thoracic spine there was tenderness to palpation, decreased range of motion and positive straight leg raise on the left. His gait was grossly antalgic with weight-bearing favoring the right leg. He has difficulty performing activities of daily living, difficulty with socialization, family relationships. He is in constant pain and has had no functional improvement. Medications were Dilantin, ibuprofen. Diagnoses include left craniotomy; epilepsy; major depressive disorder; anxiety disorder; fractured neck; neck pain; compression fracture T4, T7, T8; spinous process fracture C6 to T1; C6 laminar fracture; chronic lumbar strain. Treatments to date include

medications; physical therapy; home exercise program without much benefit; massage; psychotherapy; acupuncture; chiropractic treatments. Diagnostics include MRI of the head (12-2013) showed compression fracture T4, T7, T8, minor disc bulging in the lumbar spine; MRI (2-2014) showed encephalomalacia involving the right and left frontal lobes; MRI of the lumbar spine was unremarkable. In the progress note dated 6-18-15 the treating provider's plan of care includes a request for functional restoration program 160 hours. Per 6-18-15 note the injured worker has lost significant ability to function independently resulting from chronic pain. He has difficulty with prolonged sitting, walking and standing, has increase in pain over the lower extremities and difficult weight-bearing and appears to be a good candidate for functional restoration approach to treatment. He is motivated to improve his quality of life and return to the work force.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**160 hours of northern california functional restoration program: Upheld**

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

**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 █████ and █████. 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 2weeks 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 in excess of the recommendations and thus is not medically necessary.