

Case Number:	CM15-0167438		
Date Assigned:	09/08/2015	Date of Injury:	02/14/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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 43-year-old female, who sustained an industrial-work injury on 2-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for left lumbar foraminal disc protrusion and bulge, bilateral lumbar radiculopathy, lumbar facet hypertrophy, and chronic myofascial pain syndrome. Medical records dated (4-9-15 to 7-28-15) indicate that the injured worker complains of constant low back pain with radicular pain in the legs left more than the right with tingling, numbness and paresthesia. The pain is rated 4-5 out of 10 on the pain scale which has remained unchanged. The medical records also indicate that the injured worker had increased pain with activities of daily living (ADL). Per the treating physician, report dated 7-28-15 the employee may return to work with restrictions. The physical exam dated from (4-9-15 to 7-28-15) reveals that the lumbar range of motion is restricted, hyperextension of the lumbar spine maneuver is positive, and there is paravertebral muscle spasm and localized tenderness present in the lumbar spine. The bilateral sitting straight leg raise is positive at 50- 60 degrees. There is non-dermatomal diminished sensation to light touch in the right leg contrary to more left leg radicular pain. Treatment to date has included pain medication, epidural steroid injection (ESI) 3-30-15 with 60-70 percent relief of back pain, physical therapy, acupuncture, Transcutaneous electrical nerve stimulation (TENS), work modifications and other modalities. The progress note dated 7-8-15 notes that an Magnetic resonance imaging (MRI) of the lumbar spine dated 4-8-14 was done and the physician documents that it reveals "lumbar disc protrusion, left neural foraminal narrowing, lumbar posterior disc bulge and facet arthropathy." The physician also notes that there was electromyography (EMG) -nerve conduction velocity studies (NCV) studies done and that they "were indicative of bilateral L4-5 radiculopathies." The diagnostic reports were not noted. There is no previous therapy sessions noted. The original

Utilization review dated 8-13-15 denied a request for Functional Restoration Program evaluation to consider Functional Restoration Program based on the lack of adequate conservative treatment and the documentation available does not support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation to consider functional restoration pro: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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 does not specify an amount of time for the program. This is in excess of the recommendations and thus is not medically necessary.