

Case Number:	CM15-0169886		
Date Assigned:	09/10/2015	Date of Injury:	09/11/2013
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This 42 year old male sustained an industrial injury to the low back on 9-11-13. The injured worker was currently participating in a functional restoration program. In a functional restoration program weekly summary dated 7-31-15, the injured worker had completed 90 hours of the functional restoration program. The injured worker reported that he had better body mechanics, was leaving the house more, was more relaxed, had more patience, was taking less medication and was leaving the house more. The physician noted that the injured worker demonstrated good motivation this week but had limited ability to participate in an individualized treatment plan including daily exercises and functional activities due to a flare up. The injured worker required additional instruction on the use of active modalities for flare up management. Objective findings of functional improvement included sitting tolerance for 45-60 minutes and standing tolerance for 30-45 minutes versus sitting for 30-45 minutes and standing for 30-45 minutes prior to the start of the program. In an appeal for continuing the functional restoration program, dated 8-11-15, the physician noted that the injured worker had completed 120 hours of the functional restoration program. The injured worker had a job to return to and was currently at a light work capacity but would achieve a medium work capacity. The injured worker was going to return to work at the end of the functional restoration program. On 7-31-15, a request for authorization was submitted for an additional 2 weeks of a functional restoration program. On 8-20-15, Utilization Review modified a request for an additional two weeks of a functional restoration program (10 days, 60 hours) to 40 hours to complete the recommended 160 hours. Utilization Review noted that the request for additional 60 hours exceeded ODG and

CA MTUS Chronic Pain Medical Treatment Guidelines for 20 full days or 160 hours of total treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 2 weeks of a functional restoration program (10 days, 60 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Pain Programs (Functional Restoration Programs).

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 [REDACTED] (see Chronic pain programs), were originally developed by [REDACTED] and [REDACTED]. 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, 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 records do not provided this documentation of significant objective improvement in pain and function and therefore is not medically necessary, as it does not meet guideline recommendations.