

Case Number:	CM15-0182933		
Date Assigned:	09/23/2015	Date of Injury:	06/26/2006
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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 35 year old male who sustained an industrial injury on 06-26-2006. Medical records indicated the worker was treated for displacement of thoracic disc without myelopathy and lumbar disc displacement without myelopathy. Treatments to date have included physical therapy, chiropractic treatment, acupuncture, massage, and medications. On 07-22-2015, the provider sees the worker for the first time since 09-17-2014. The worker states he has been out of the country several times for extended periods of time. He states he continues to have pain and feels depressed. He has not had any medications from the provider that is examining him on 07-22-2015, or from partners of that provider. On exam, he complains of chronic mid back pain and depression. He has not taken his anti-depressants. His medications include Pantoprazole, Viagra, Diclofenac, Prozac, Trazodone, and Hydrocodone-bit-apap. The provider refilled his prescription for Diclofenac cream and re-started Prozac, Trazodone, and Viagra. The Hydrocodone-bit-apap was not re-ordered due to his depression. His documented exam is limited to a systems review without specifics of his back pain. The provider notes they feel he would be an "excellent candidate" for initial evaluation in a Functional Restoration Program due to this chronic pain since 2006 and depression with significant limitations in activities of daily living. A request for authorization was submitted for 1 Initial evaluation for functional restoration program. A utilization review decision 08/19/2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial evaluation for functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 request is for a single initial evaluation. The patient has failed other conservative therapies. Therefore the request is medically necessary.