Case Number:	CM15-0184352		
Date Assigned:	09/24/2015	**Date of Injury:**	03/26/2014
Decision Date:	10/30/2015	**UR Denial Date:**	09/04/2015
Priority:	Standard	**Application Received:**	09/18/2015

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 is a 29-year-old female with a date of injury of March 26, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, rule out sacroiliitis, and myofascial pain. Medical records dated June 11, 2015 indicate that the injured worker complains of lower back pain, pain over the iliac crest, pain over the right greater trochanter radiating to the right lower extremity, associated numbness in the lateral thigh, and weakness of the right foot. Records also indicate the injured worker had demonstrated progressive deconditioning due to not receiving much treatment during her recent pregnancy. A progress note dated August 20, 2015 notes subjective complaints similar to those reported on June 11, 2015. The report also notes that the injured worker was limited in activities of daily living, cooking, cleaning, shopping, and driving, and was struggling to carry her newborn, doing so for only short periods of time. Per the treating physician (August 20, 2015), the employee has attempted to return to work but "Cannot tolerate even the most benign of work restrictions". The physical exam dated June 11, 2015 reveals tenderness to palpation over the right lumbar paraspinal muscles and the quadratus laborum muscles, myofascial tension, lumbar spine flexion of 60 degrees, full extension of the lumbar spine, positive straight leg raise on the right, decreased strength with right foot dorsiflexion and right extensor hallicus longus extension, decreased sensation to light touch on the right lateral thigh, and positive Patrick's sign. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination conducted on June 11, 2015. Treatment has included at least twelve sessions of physical therapy, home exercise, and medications (Ibuprofen since at least

February of 2015; Tramadol since at least June of 2015; Gabapentin and Hydrocodone since August of 2015). The original utilization review (September 4, 2015) non-certified a request for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

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

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 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 evaluation and therefore meets criteria as cited above and is medically necessary.