

<b>Case Number:</b>	CM15-0189197		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 44 year old female, who sustained an industrial injury on April 24, 2008. The injured worker was diagnosed as having cervical strain, bilateral shoulder internal derangement, status post arthroscopy repairs, and anxiety disorder. Treatment and diagnostic studies to date has included medication regimen and functional restoration program. The multi-disciplinary team meeting dated July 16, 2015 noted that prior to the functional restoration program, the injured worker had complaints of chronic pain to the neck and the bilateral shoulders that affected the injured worker's "ability to function and interact with others" and also noted that the injured worker "was not equipped to cope with her chronic pain". The multi-disciplinary team meeting dated July 16, 2015 reported the completion of the injured worker's third week of the functional restoration program indicating "significant progress" in goal attainment with "increasing her functional abilities to the neck and the bilateral shoulders; improving her ability to cope with and manage symptoms of chronic pain as well as the psychological comorbidities to her pain disorder; optimizing her pain medication utilization; and helping her develop a plan for increased engagement in her community". The report also indicated that the injured worker had progress that included "less depression, less isolated, more relaxed, more positive". The report from July 16, 2015 noted that the injured worker was performing at 90% for a squat and 90% of a lunge for functional improvement and "improved" range of motion to the bilateral shoulders, however the range of motion to the cervical spine and the range of motion to the bilateral shoulders from week one June 29, 2015 to July 02, 2015, noted a higher degree of range of motion than the documented range of motion from week three.

Examination performed during week three of July 14, 2015 to July 15, 2015 was revealing for positive mood more than prior visits and tenderness to the cervical paraspinal muscles and the bilateral trapezii. On July 16, 2015 the treating physician requested 80 additional hours of a functional restoration program noting that the "continuous course of inter-disciplinary treatment for the total duration of 160 hours" with 57 hours already completed. On August 26, 2015 the Utilization Review denied the request for 80 additional hours of functional restoration program.

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

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

**functional restoration program additional 80 hours:** 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 [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. Previous therapy has not produced documented objective improvements in pain and function. The request is not medically necessary.

