

Case Number:	CM15-0194210		
Date Assigned:	10/08/2015	Date of Injury:	10/21/2014
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/02/2015

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 54 year old female sustained an industrial injury on 10-21-14. Documentation indicated that the injured worker was receiving treatment for cervical degenerative disc disease with disc herniation, chronic right shoulder pain, right upper extremity repetitive strain injury and chronic pain syndrome. Previous treatment included right shoulder arthroscopy (11-17-14), physical therapy, chiropractic therapy and medications. The injured worker began a functional restoration program on 8-11-15. In a visit note dated 6-26-15, the injured worker complained of ongoing neck pain with radiation to bilateral upper extremities. The pain was made worse with extended periods of typing and the injured worker used a computer sometimes up to 12 hours per shift at work. In a functional restoration program discharge summary dated 9-18-15, the injured worker had completed six weeks of the program. The injured worker reported having ongoing discomfort in the neck as well as difficulty with right arm elevation. The injured worker stated that the program had been helpful in improving her overall outlook and motivation to improve. The physician stated that the injured worker was not likely to be able to return back to work in her prior occupation and would require retraining in an occupation that did not require repetitive use of the right upper extremity. The injured worker was thinking about applying for social security disability. Physical exam was remarkable for ongoing tenderness to palpation over the cervical spine paraspinal and right trapezius with "some limitation" of right shoulder range of motion. In the functional restoration program psychology discharge summary, the physician noted that the injured worker's report of pain had decreased from 7.5 out of 10 on week 1 to 6.8 out of 10 on week 6. The injured worker depression score had decreased from 16 to 13. Anxiety

score had decreased from 19 to 9. In the physical therapy discharge summary the physician noted that the injured worker showed improvement in cervical spine, bilateral shoulder and bilateral lower extremity range of motion and increased upper and lower extremity strength. The injured worker demonstrated the ability to perform exercises independently. The physician noted that the injured worker would benefit from continuing a home exercise program. On 9-29- 15, a request for authorization was submitted for six sessions of the functional restoration program. On 10-1-15, Utilization Review noncertified a request for six sessions of [REDACTED] functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Program 6 sessions: Upheld

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

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 is for 6 sessions over a unspecified amount of time and therefore cannot be certified as it does not meet guideline recommendations. The request is not medically necessary. 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 6 sessions over a unspecified amount of time and therefore cannot be certified as it does not meet guideline recommendations. The request Is not medically necessary.