Case Number:	CM15-0198768		
Date Assigned:	10/14/2015	**Date of Injury:**	07/17/2013
Decision Date:	11/23/2015	**UR Denial Date:**	10/01/2015
Priority:	Standard	**Application Received:**	10/08/2015

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 was a 30 year old male, who sustained an industrial injury, July 17, 2013. The injured worker was undergoing treatment for mild depression and anxiety, cervical disc displacement, lumbar strain and or sprain, sprain in the knee, long term use of medications, neck strain and sprains. According to functional restoration note of September 10, 2015, the injured worker's chief complaint was constant pain and was becoming increasingly frustrated and concerned regarding both the lack of improvement in functioning and in pain management. The injured worker pain was interfering with the ability to perform activities of daily living. The injured worker report significant depression, which exacerbated the pain, dysfunction and impair the ability to utilize active self-care strategies. The injured worker was highly motivated to attend the functional restoration program. The injured worker had undergone multiple treatments attempts to alleviate the chronic pain, which did not provide meaningful or long-lasting relief. The subjective findings included middle back and neck pain was aggravated by bending forward, walking greater than 45 minutes, prolonged sitting for 30-40 minutes and lifting activities. The injured worker previously received the following treatments Nabumetone, Pantoprazole and Lidoderm patches 5%, acupuncture, injections, and chiropractic services and, on September 10, 2015 an functional restoration program evaluation. The RFA (request for authorization) dated September 24, 2015, the following treatments were requested [redacted] Functional Restoration Program times 160 hours. The UR (utilization review board) denied certification on October 1, 2015; for the California Functional Restoration Program times 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **functional restoration program x 160 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 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 160 hours for the program. This is in excess of the recommendations and thus is not medically necessary.