

Case Number:	CM15-0200012		
Date Assigned:	10/19/2015	Date of Injury:	02/15/2013
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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 65-year-old male with a date of industrial injury 2-15-2013. The medical records indicated the injured worker (IW) was treated for abnormality of gait; lumbosacral strain; chronic pain and adjustment disorder with depressed mood. In the progress notes (6-18-15, 9-10-15), the IW reported back pain and spasms, with pain radiating to the left foot with associated numbness, tingling and weakness. He felt the pain was improved since his last visit. He reported the pain interfered with his relationships with others and caused difficulty with activities of daily living, including bathing, cleaning, cooking, dressing, driving and grooming. He was taking Gabapentin, Xanax, Ibuprofen, Diclofenac and Omeprazole. On examination (9-10-15 notes), there was decreased lumbar lordosis and trigger points were palpated in the gluteal muscles and quadratus lumborum bilaterally. Flexion and extension of the lumbar spine was limited due to pain and spasms. Ankle dorsiflexion strength was 4- out of 5. Paresthesias to light touch were present in the L2 to S1 dermatomes bilaterally. Patellar and Achilles reflexes were 1++ bilaterally. His gait was slightly wide-based. Treatments included sitting, heat, ice and medications (with benefit), physical therapy (failed: too painful) and spinal surgery (with benefit). The IW was permanently disabled. A Request for Authorization dated 9-14-15 was received for spinal Q brace; 15 day trial of treatment in the functional restoration program three times per week for five weeks. The Utilization Review on 9-17-15 non-certified the request for spinal Q brace; 15 day trial of treatment in the functional restoration program three times per week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Back Brace/Lumbar Supports, Posture garments.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

15-day trial of treatment in the functional restoration program, 3 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), 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 5 weeks and therefore cannot be certified as it does not meet guideline recommendations. The request is not medically necessary.