

Case Number:	CM15-0022490		
Date Assigned:	02/12/2015	Date of Injury:	06/06/2012
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida, New York, Pennsylvania
 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 65 year old female sustained an industrial injury on 6/6/12, with subsequent ongoing headaches and neck, lower back, right upper extremity and right leg pain. The injured worker was evaluated with multiple x-rays, computed tomography scans, magnetic resonance imaging scans and nerve studies. Treatment included chiropractic therapy, physical therapy, traction, massage, laser, acupuncture, home exercise, medications and cortisone injections. Magnetic resonance imaging lumbar spine and cervical spine (8/15/12) showed neural foraminal narrowing with disc narrowing secondary to arthrosis and multilevel disc herniations. Right knee magnetic resonance imaging (2/22/13) showed a horizontal tear of the posterior horn of the medial meniscus and chondromalacia of the patella. On 7/26/14, the injured worker fell and sustained an industrial injury a left elbow fracture. In a PR-2 dated 1/7/15, the injured worker complained of ongoing pain to the neck, back and right knee. Physical exam was remarkable for tenderness to palpation to the cervical spine and thoracic spine with restricted range of motion and positive straight leg raise and right knee without effusion or crepitus with tenderness to palpation and full active range of motion. The treatment plan included undergoing evaluation for a functional restoration program, right knee arthroscopy and renewing Voltaren. On 1/28/15, Utilization Review noncertified a request for Functional Restoration Program- cervical, low back, right shoulder and Leg noting that the injured worker had already undergone most of the treatment modalities that would be covered under a functional restoration program without significant benefit and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program- cervical, low back, right shoulder and Leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 4-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 25, 30.

Decision rationale: Functional Restoration Programs follow the Biopsychosocial model of chronic pain that views pain and disability in terms of the interaction between physiological, psychological and social factors. Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. These pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the gold-standard content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. A recent study showed that for those with low back pain that had been sick-listed for an average of 3 months, there was no difference between extensive multidisciplinary treatment and usual care in terms of return to work. 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. This patient appears to have had a long standing problem, undergone multiple evaluations and investigations as well as most, if not all of the potential modalities of care to include massage, traction, chiropractic, PT, Laser, acupuncture, home exercise, medications and steroid injections. At this juncture there is little that could be expected with a Functional Restoration Program. The UR Non-Cert is supported.