MAXIMUS Federal Services

Case Number:	CM15-0212768		
Date Assigned:	10/30/2015	Date of Injury:	09/15/2009
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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 31 year old male, who sustained an industrial injury on 09-15-2009. A review of the medical records indicates that the worker is undergoing treatment for displacement of lumbar intervertebral disc, unspecified internal derangement of knee and chronic pain syndrome. Treatment has included multiple pain medications, physical therapy, lumbar epidural steroid injections, acupuncture and surgery which were noted to have failed to provide significant pain relief. The worker was recommended to undergo multidisciplinary pain program including psychology, physical therapy and biofeedback along with pain management. On 08- 28-2015 the worker was three days into a functional restoration program. The worker reported improved mood and quality of sleep. The worker reported neck, upper back, bilateral shoulder, back and right leg pain rated as 5 out of 10. Objective findings showed limp favoring the right leg, range of motion of the thoracic spine at 40 degrees to flexion, and 30 degrees to right and left rotation, tenderness of the lumbar spine bilaterally and range of motion of the lumbosacral spine at 45 degrees to flexion and 20 degrees to extension and right and left lateral flexion. On 09-18-2015 the worker was in the fourth week of the FRP and reported neck, back, bilateral shoulder pain that was not quantified as well as increased gastrointestinal upset. Objective findings showed no changes in range of motion of the thoracic spine with 40 degrees of flexion and 30 degrees to right and left rotation, guarding spasm and tenderness of the lumbar spine bilaterally, positive straight leg raise at 45 degrees to the right, positive sitting Lasegue's and Patrick's tests. Range of motion of the lumbosacral spine had worsened with 30 degrees of flexion, 15 degrees of extension, 20 degrees of right lateral flexion and 15 degrees of left lateral

flexion noted. Guarding and tenderness of the prepatellar area and medial joint lines of the knees was documented with slightly decreased range of motion of the right knee and decreased sensation over the L5 and S1 dermatomes on the right. The physician noted that the worker was participating in all aspects of the program and may have an increase of pain due to significant increase in physical exercises. The physician noted that the injured worker had completed 75 hours of a functional restoration program and that an additional 60 hours was being requested to avoid a lapse in treatment. There is no documentation of subjective an objective improvement. Initial long term goals of the FRP were listed as learning to live without medication, returning to work, going for a walk without pain, being able to play basketball, spending more time with family, getting up from a chair without using hands and improving relationship with partner, however there were no goals listed for the requested extension of 60 hours. A utilization review dated 10-01-2015 non-certified a request for 60 hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 hours of a functional restoration program: 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: 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 2weeks 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 60 hours and therefore cannot be certified as it does not meet guideline recommendations. The request is not medically necessary.