

Case Number:	CM15-0087652		
Date Assigned:	05/11/2015	Date of Injury:	07/24/2002
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male who sustained a work related injury July 24, 2002. According to a physician's comprehensive report, dated March 24, 2015, the injured worker presented with complaints of pain and discomfort in the lower back and right leg. He does use a knee brace for the right knee. There is lumbosacral tenderness to palpation with myofascial tightness and right-sided EHL (extensor hallucis longus) weakness. Current diagnoses included lumbosacral sprain/strain injury; right S1 lumbosacral radiculopathy; repetitive strain injury; myofascial pain syndrome; flare-up low back and leg pain. Treatment plan included continue current medication and at issue, a request for authorization for a functional restoration program (FRP) evaluation and back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program (FRP) eval: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32 and 49.

Decision rationale: The MTUS notes that Functional restoration programs (FRPs) are 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. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the records document significant improvement in the past with acupuncture/electrotherapy, allowing increased function and return to work. Six additional acupuncture treatments apparently were approved for the period of December 2014 through 2/1/15. The treatment note on 1/13/15 noted that the injured worker had received some acupuncture treatments with some improvements. There is no further documentation of efficacy for the acupuncture treatments and whether they allowed significant functional improvement or return to work. It appears that all conservative treatments have not been exhausted. The treating physician does state that surgery is not an option. The records do not provide the specific findings from the FRP evaluation that was performed. The treatment

note on 5/13/15 documents a request for a second opinion consultation. It is not clear whether this is a pain specialty or surgical opinion. At this time, the request for Functional restoration program (FRP) eval is not consistent with the MTUS guidelines and is not medically necessary.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports.

Decision rationale: The MTUS states that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG guidelines note that lumbar supports are recommended for treatment as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). They are not recommended for prevention. In this case, the request for a back brace is to better support and protect the low back with bending and twisting activities. Such preventive measures are clearly not recommended by the MTUS and ODG guidelines. The request for a back brace is not medically necessary.