

Case Number:	CM14-0161757		
Date Assigned:	10/07/2014	Date of Injury:	09/13/2012
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male with a reported date of injury on 09/13/2012. The injury reportedly occurred when the injured worker strained his low back moving equipment. His diagnoses were noted to include right arm pain, left arm sprain/strain, right carpal tunnel syndrome, lumbosacral sprain/strain, lumbar spine degenerative disc disease and disc bulges with osteophyte complexes from L3-4 through L5-S1 causing significant stenosis, and lumbar radiculitis. His previous treatments were noted to include physical therapy and epidural steroid injections. The psychological evaluation performed 07/24/2014 revealed the injured worker had not undergone any psychiatric treatment for his condition. The primary pain complaint was noted to be to the right shoulder and upper extremities, particularly wrists and hands, and his anterior elbow position. The provider indicated the injured worker's mood was observed to be normal and he did not exhibit symptoms of depression and showed a full range of motion and did not indicate stress. The injured worker had no overt thought disorder and no listening associations, idea of reference, and his speech was clear and goal directed. The injured worker was shown to have average intelligence and his speech was generally controlled. The physical therapy multidisciplinary evaluation performed on 08/12/2014 revealed complaints of bilateral arm and low back pain. The injured worker reported physical therapy and epidural injections had no significant benefits. The injured worker rated his pain as 7/10 at rest and 9/10 with activities. The injured worker's range of motion to the shoulder was within normal limits. The manual muscle testing noted shoulder abduction was rated 4/5 bilaterally. The lower extremity range of motion with lumbar flexion was noted to be 30 degrees with pain and extension was to 10 degrees with pain. The hip flexion was noted to be 110 degrees and extension was noted to be 10 degrees with pain. The manual muscle testing to the hips and ankles was noted to be diminished. The provider indicated the injured worker would benefit from the intensive

education and instruction of the functional restoration program to increase function and physical level. The progress note dated 07/25/2014 revealed the injured worker had undergone a functional restoration multi-modality program evaluation. The injured worker complained of pain to the bilateral elbows/arms. The pain was constant on the right and occasional on the left. The pain radiated to the arms and hands. The injured worker complained of pain to the bilateral wrists that was constant on the right and intermittent on the left. He felt numbness in his bilateral hands with repetitive movement. The injured worker experienced pain to the low back that was constant in terms of frequency. He felt spasms in his low back and pain and numbness remained the same in his low back down to his lower extremities. The physical examination of the lumbar spine revealed no areas of tenderness. There were no spasms. The pain was noted with flexion and extension. The straight leg raise was negative and there was tightness of the bilateral hamstrings. Decreased sensation was noted over the bilateral calves and legs. The Request for Authorization form dated 08/12/2014 was for functional restoration multi-modality program for 10 sessions; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Multimodal Program for 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has participated in previous physical therapy and epidural steroid injections with no significant benefit. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in this programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, 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 elimination of pain. Functional restoration programs 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 remains positive when compared to cohorts that do not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. 1 of the criticisms of multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help determine who will most benefit from this treatment. The negative predictors of efficacy of treatment with the programs, as well as negative predictors of completion of the program are a negative relationship with the employer/supervisor, poor work adjustment and satisfaction, negative outlook on future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of prereferral disability time,

prevalence of opioid use, and pretreatment levels of pain. Multidisciplinary treatment strategies are effective for patients with chronic low back pain in all stages of chronicity and should not only be given to those with lower grades of chronic low back pain, according to the results of a prospective longitudinal clinical study. The guidelines' criteria of the multidisciplinary pain management programs include an adequate and thorough evaluation has been made, including baseline functional testing so followup of the same tests can note functional improvement, previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement, the patient has significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to fore go secondary gains including disability payments to effect this change, and negative predictors of success have been addressed. There is a lack of documentation regarding failure of extensive conservative treatment such as more than 2 modalities such as physical therapy and epidural steroid injection. Therefore, the request is not medically necessary.