

Case Number:	CM14-0181209		
Date Assigned:	11/06/2014	Date of Injury:	07/01/2005
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 58year old woman with a work-related injury dated 7/1/05 resulting in chronic pain to the neck, back and upper extremities. She was evaluated on 10/23/14 by the primary treating physician. She is complaining of continued pain in the low back with radiation to the buttock. The physical exam shows that the patient is ambulating with a cane; there is paraspinal muscle spasm with tenderness to the facet joints. There is no neurologic deficit. The diagnosis includes chronic pain syndrome, cervical spondylosis, lumbar spondylosis and lumbar myofascial pain. The provider notes that she has failed all previous interventions and that the recommendation is for a functional restoration program. Under consideration is the medical necessity of a Functional Restoration Program (FRP) evaluation which was denied during utilization review dated 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

Decision rationale: According to the MTUS section on chronic pain FRPs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: 1. A negative relationship with the employer/supervisor; 2. Poor work adjustment and satisfaction; 3. A negative outlook about future employment; 4. High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); 5. Involvement in financial disability disputes; 6. Greater rates of smoking; 7. Duration of pre-referral disability time; 8. Prevalence of opioid use and 9. Pretreatment levels of pain. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient has had chronic pain and has been unable to work. The documentation doesn't define the goals of the FRP or a baseline function. The FRP is not medically necessary at this time.