Case Number:	CM15-0122765		
Date Assigned:	07/07/2015	**Date of Injury:**	04/10/2013
Decision Date:	07/31/2015	**UR Denial Date:**	06/04/2015
Priority:	Standard	**Application Received:**	06/25/2015

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 59-year-old female with an industrial injury dated 04/10/2013. The injury is documented as occurring when she lifted between 10 and 20 pounds, developing acute onset of low back pain. Her diagnoses included chronic myofascial pain syndrome, history of chronic sciatica, lumbar radiculitis, gait instability and chronic myofascial pain. Prior treatment included physical therapy, hydrotherapy, diagnostics, psychologist, epidural steroid injection, home exercise program, cane, lumbar corset brace and medications. She denies any previous workers compensation injuries. She presented on 04/21/2015 for functional restoration program initial evaluation. She stated the pain had improved "a little bit. " She rated the pain as 6/10 that was aggravated with bending, pushing, pulling reaching and doing most activities of daily living. She had decreased sitting, standing and walking tolerance. She had moderate difficulty with activities of daily living and needed assistance with cleaning and cooking. She also noted sleep issues. Objective findings noted trigger points in upper and lower extremities. There was pain with lumbar spine range of motion. Sensory examination of the lower extremities demonstrated paresthesia along the medial and lateral aspect of the right and left leg. Provocative testing of the back revealed positive sacroiliac joint compression test and positive slump test. There was positive patella compression test and positive J sign bilaterally of the knee. The physician documents the injured worker has a significant amount of issues with decreased energy levels, decreased sleep, increased pain and decreased activities of daily living. The treatment request is for trial of functional restoration program for the lumbar spine 3 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of functional restoration program for the lumbar spine 3 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: 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. 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 greater than 2 weeks. This is in excess of the recommendations and thus is not certified. Therefore, the requested treatment is not medically necessary.