Case Number:	CM15-0127319		
Date Assigned:	07/14/2015	**Date of Injury:**	03/27/2014
Decision Date:	08/07/2015	**UR Denial Date:**	06/09/2015
Priority:	Standard	**Application Received:**	07/01/2015

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 (age not noted in record) male who sustained an industrial injury on 3/27/14. Diagnoses are concussion syndrome-chronic, cervical strain/sprain, right cervical radiculopathy, occipital neuralgia, chronic pain syndrome, and comorbidities; history of cervical fusion C5-C6 1/2003. In a primary treating physician's re-evaluation report and request for treatment dated 5/27/15, the physician notes the injured worker continues to have ongoing chronic pain in the neck radiating down into the right shoulder and upper extremity as well as pain radiating up into the head causing headaches. He continues to have problems with a chronic pain syndrome and has been having some difficulties with feelings of stress, depression, insomnia and fear of re-injury. He reports that pain limits multiple functions of activities of daily living including a limitation of standing more than 30 minutes, poor sleep, limiting his social life and he does not go out often. His pain is intractable. He had a short course of cognitive behavioral therapy but further sessions were not completed as recommended. A multidisciplinary treatment plan was discussed and the injured worker is highly motivated and prepared to make the effort to do whatever can be done to more effectively manage his pain and return to gainful employment. The cervical spine is noted to have decreased and guarded range of motion, there is tenderness with trigger point in the right trapezius and suboccipital region, and decreased sensation in the right hand, especially the middle ring finger. The requested treatment is a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs.

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 [redacted]. 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 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 bio-psychosocial rehabilitation compared with other rehabilitation facilities for neck, 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 does not document an amount of time but simply an evaluation. This is in excess of the recommendations and thus is not medically necessary.