

Case Number:	CM15-0129782		
Date Assigned:	07/16/2015	Date of Injury:	07/23/2013
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old female, who sustained an industrial injury on 7/23/13. The injured worker has complaints of pain, clicking, crepitation, tenderness, limitation of motion and weakness in the cervical spine with radiation of pain into both shoulder girdles and upper back without radiating pain, numbness or tingling into the upper extremities. The injured worker complains of pain, episodes of lock up, episodes of giving way, tenderness limitation of motion and weakness in the lumbar spine with radiation of pain into both buttocks and thighs with radiating pain, numbness and tingling into both lower extremities. The injured worker has bilateral shoulder complaints of pain, weakness, tenderness and limitation of motion without sensation of instability or mechanical symptoms. The documentation noted that the injured worker walks with a non-antalgic gait and is able to heel and toe walk without difficulty. Cervical spine examination revealed tenderness to palpation in the upper, mid and lower paravertebral and trapezius muscles and there is increased pain with cervical extension. Thoracic spine examination revealed there is tenderness to palpation in the upper, mid and lower paravertebral muscles. Left and right shoulder examination revealed there is tenderness to palpation over the anterior rotator cuff, there is mild acromioclavicular (AC) joint and bicipital tenderness without irritability, and there is a positive impingement. Right and left wrist examination revealed tenderness to palpation over the flexor/extensor compartment and carpal canal. The diagnoses have included cervical spine strain; cervical radiculopathy; lumbar spine strain and lumbar radicular syndrome. Treatment to date has included X-rays of the cervical spine demonstrated mild degenerative changes; X-rays of the lumbar spine demonstrated slight

spondylolisthesis at L5-S1 (sacroiliac) with degenerative changes; X-rays of the right and left hand demonstrated mild degenerative changes; X-rays of the bilateral shoulders demonstrated mild degenerative changes; soft tissue modalities, exercise and medications. The request was for functional restoration program times 12 for lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 12 for lumbar & cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

Decision rationale: Chronic pain programs (functional restoration programs) Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. These treatment modalities are based on the bio- psychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) 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) Types of programs: There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways (Stanos, 2006): (1) Multidisciplinary programs: Involves one or two specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into four levels of pain programs: (a) Multidisciplinary pain centers (generally associated with academic centers and include research as part of their focus) (b) Multidisciplinary pain clinics (c) Pain clinics (d) Modality-oriented clinics (2) Interdisciplinary pain programs: Involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. See Functional restoration programs. Predictors of success and failure: As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. (Gatchel,

2006) 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. (Linton, 2001) (Bendix, 1998) (McGeary, 2006) (McGeary, 2004) (Gatchel2, 2005) Multidisciplinary treatment strategies are effective for patients with chronic low back pain (CLBP) in all stages of chronicity and should not only be given to those with lower grades of CLBP, according to the results of a prospective longitudinal clinical study reported in the December 15 issue of Spine. (Buchner, 2007) See also Chronic pain programs, early intervention; Chronic pain programs, intensity; Chronic pain programs, opioids; and Functional restoration programs. 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 patient was certified a trial of 6 functional restoration program on February 16, 2015. It is unclear how many sessions and the duration of the sessions attended. Although it was reported improvement, there is no evidence of measurable functional improvement. Therefore, the request for Functional restoration program x 12 for lumbar & cervical spine is not medically necessary.