

Case Number:	CM15-0173356		
Date Assigned:	09/15/2015	Date of Injury:	05/29/2013
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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 (IW) is a 50 year old male who sustained an industrial injury on 05-29-2013. He reported cumulative back pain. The injured worker was diagnosed as having lumbar spine disc injury, Lumbar spine strain, Lumbar spine radiculopathy, Status post lumbar spine surgery (05-2014), Post laminectomy syndromes. Treatment to date has included hydrocodone for pain control and Flexeril for spasm and epidural steroid injections. When the injured worker is seen on 07-30-2015; he was awaiting approval for a functional rehab Program evaluation secondary to the worker's failed back surgery after back pain syndrome. On exam, his straight leg raise was positive, myofascial trigger points were noted, foot drop was present, and his lumbar range of motion was decreased. Motor strength was 5 of five. In his psychological, evaluation of 08-05-2015, he did not sit during the interview-evaluation "because it is painful for him to sit for any length of time." He reports history of high blood pressure and type II diabetes. He reports intermittent light headed and dizziness. His Patient Health Questionnaire (PHQ) score is 7 with mild level of depression, GAD-7 score is 9 with mild level of anxiety. DSM diagnoses Axis I adjustment disorder, Axis II deferred, and AXIS V significant psychosocial stressors. AXIS V GAF 60. In his physical therapy portion of his 08-05-2015 evaluation, he complained of an average pain level of 5- 7 on a scale of 0-10, with pain at its worst as a 9 on a scale of 0-10, and at its best as a 4 on a scale of 0-10. He complained of pain in the leg and buttock on the left side and pain bilaterally in the lower back. The pain is aggravated by heavy lifting and bending forward. His functional tolerance was sitting 1-2 hours, standing -unable to say, driving less than 60 minutes, and walking 5-1- minutes. It was noted that he was not a surgical candidate. A request for authorization was submitted for Functional restoration program x2 weeks for 10 days. A utilization review decision 08-24-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x2 weeks for 10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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 a 2 weeks period of time and therefore is medically necessary.