MAXIMUS Federal Services

Case Number:	CM15-0176086		
Date Assigned:	09/17/2015	Date of Injury:	06/15/2013
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 57 year old female, who sustained an industrial injury on 6-15-13. The injured worker was diagnosed as having lumbar spine strain; lumbar radiculopathy; degenerative joint disease of the lumbar spine with protrusion at L1, L2, L3, L4, and L5-S1. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-29-15 by the provider document; "The patient has had six functional restoration visits with improvement but remains symptomatic. The patient walks with a non antalgic gait and is able to heel and toe walk without difficulty." On examination of the lumbar spine, the provider documents; "There is tenderness to palpation over the upper, mid and lower paravertebral muscles. The range of motion is flexion to 20 degrees, 15 degrees right lateral bending, 20 degrees left lateral bending, 20 degrees right lateral rotation, 20 degrees left lateral rotation and extension 10 degrees. There is increase pain with lumbar flexion and extension. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability." The provider goes on to examine the pelvis and hips stating; "On examination of the pelvis, there is no tenderness to palpation and no pain with compression-distraction of the pelvis. There is a negative FABRERE sign. on examination of the hips, there is no tenderness to palpation or hip irritability. There is satisfactory range of motion without discomfort." He notes "On examination of the calves, there is no soft tissue swelling, tenderness or venous cords. There is a negative Homan's sign. There is patchy decreased sensation in the bilateral lower extremities, right more so than left, in the L5 and S1 distribution." His discussion and treatment plan: "Based on the patient's subjective complaints and objective findings I have recommended continued medical treatment in accordance with MTUS and ACOEM practice Guidelines in order to cure and relieve the effects of the industrial injury and promote functional restoration." A Request for Authorization is dated 9-8-15. A

Utilization Review letter is dated 8-11-15 and non-certification was for Functional restoration for the lumbar spine, twice weekly for six weeks. Utilization Review denied the requested Functional restoration for the lumbar spine stating; "The claimant has reported chronic injuries to multiple body parts. She has had extensive treatment. There is no medical rationale for a functional restoration program, as these programs employ the same type of non-effective treatment modalities that has already been attempted for this claimant. Therefore, Functional restoration for the lumbar spine, twice a week for six weeks, is not medically necessary." The provider is requesting authorization of Functional restoration for the lumbar spine, twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration for the lumbar spine, twice weekly for six weeks: Upheld

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 6 weeks and therefore cannot be certified, as it does not meet guideline recommendations. The request is not medically necessary.