

Case Number:	CM15-0066018		
Date Assigned:	04/13/2015	Date of Injury:	08/22/2014
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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 50-year-old female who sustained an industrial injury on 8/22/2014. Her diagnoses, and/or impressions, are noted to include: chronic low back pain and myofascial pain syndrome including low back and cervical region; right knee pain - essentially resolved; poor understanding of her underlying condition; and fear-based avoidance of activity. No current imaging studies are noted. Her treatments have included physical therapy; pool therapy; medication management. Her history notes that she reads and writes English, that she has chronic low back, neck and right knee pain that is present 75% of the time, is mild at best and significant at worst and that its impact is severe as she occasionally requires assistance from her husband or son. Also, she has depression with positive testing for aberrant behaviors associated with the misuse of opioid medications. The Pain Medical Network progress notes of 2/13/2015 reported ongoing pain with a standing fear-based avoidance of activities, something about Celebrex (illegible), and that she was unable to tolerate Paxil so changes would be made. Objective findings noted her strong desire to return to work along with her strong desire to not wait until the 6 month anniversary of her injury as to have to fall under the authority of chronic pain medical treatment guidelines, therefore initiating the request for a multi-disciplinary evaluation, since having completed physical therapy and finding relief from her pain with medications, and because she is not a surgical candidate, and is addressing the psychological factors in context of a functional restoration program; it was stated this was likely the best outcome for her. The physician's requests for treatments were noted to include a one-time, full-day Health Education for Living with Pain program (HELP) evaluation for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP evaluation, full day, low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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. The request meets California MTUS guidelines and therefore is medically necessary.