

Case Number:	CM15-0072530		
Date Assigned:	04/22/2015	Date of Injury:	04/09/2003
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 41-year-old female sustained an industrial injury on 4/9/03. She subsequently reported Diagnoses include brachial neuritis or radiculitis and spinal stenosis in cervical region. Treatments to date have included x-rays, MRIs, injections, and therapy and prescription pain medications. The injured worker continues to experience cervical and bilateral upper extremity pain. The treating physician made a request for 20 days of multidisciplinary outpatient program.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 days of multidisciplinary outpatient program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Chronic pain programs (functional restoration programs).

Decision rationale: Multidisciplinary program is a chronic pain program or functional restoration program. Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient is motivated to change, and evaluation by an addiction clinician if substance abuse issues are a concern. 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. 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the requested treatment is for 20 days. The duration of treatment surpasses the recommended two-week clinical trial to determine functional improvement. The request should not be authorized. Therefore, this is not medically necessary.