

Case Number:	CM13-0057448		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2007
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic headaches, midback pain, neck pain, hand pain, and thoracic outlet syndrome reportedly associated with an industrial injury of September 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 15, 2013, the claims administrator apparently denied a request for a functional restoration program on the grounds that the requesting provider did not provide adequate supporting information. On November 1, 2013, it is acknowledged that the applicant has been off of work since 2008. The applicant has apparently been laid off by her former employer. Earlier physician stated that the applicant was having issues with secondary gain and drug- seeking behavior. The applicant reports ongoing neck, back, shoulder, and right upper extremity pain. The applicant has gained a lot of weight. Her pain is reportedly severe. She is using medical marijuana and smoking half pack of cigarettes a day. It is stated that the applicant is a good candidate for an evaluation to pursue a functional restoration program. In an appeal letter dated December 11, 2013, the attending provider states that the applicant has not obtained much in the form of medical treatment and that she has significant medical and psychological deficits. The attending provider states that in his appeal letter that the applicant does not smoke and is not a high level user of opioids. It is stated that the applicant wants to return to work. There is no mention made of the applicant's marijuana usage, continuing to smoke, and/or allegations of secondary gain made earlier in the life of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of chronic pain and functional restoration program include evidence that an applicant "exhibits motivation to change" and is willing to forgo secondary gains, including disability payments to effect said change. In this case, however, there is no evidence that the applicant has had a precursor evaluation which states that she is in fact willing to change. Contrary to what was stated on the appeal letter, it appears that the applicant does have a history of opioid overuse and is presently using an illicit substance, marijuana, and continuing to smoke. There is no evidence that the applicant is in fact intent on ceasing the marijuana consumption. The proposed functional restoration program is not therefore indicated as the applicant does not appear to be willing to forgo secondary gains to achieve functional improvement. Therefore, the request remains non-certified, on Independent Medical Review.