MAXIMUS Federal Services

Case Number:	CM14-0188367		
Date Assigned:	11/19/2014	Date of Injury:	06/05/2012
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 low back pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review Report dated October 24, 2014, the claims administrator denied an 80-hour [redacted] Functional Restoration Program. The claims administrator stated that its decision was based on a progress note and/or RFA form dated October 17, 2014. The claims administrator stated that the applicant had a variety of psychological constraints, which had not been addressed through lesser means of care. In an April 2, 2014 progress note, the applicant was off of work, it was acknowledged. The applicant had apparently tried various treatments including Norco, Zanaflex, Motrin, Tizanidine, physical therapy, home exercises and work restrictions. The applicant was currently using medical marijuana, Norco, and Flexeril, it was stated. The requesting provider did not, however, make any mention of the applicant having received psychotropic medications or psychotherapy. It was acknowledged that the applicant had depressive symptoms, was fearful, and had constraints in terms of doing various activities of daily living. The applicant was moderately depressed; it was suggested in the diagnoses section of the note. Somewhat incongruously, the attending provider stated that the applicant did not have a history of drug or alcohol problems, but then went to document that the applicant using medical marijuana. A functional restoration program was endorsed. On May 19, 2014, the applicant was again placed off of work, on total temporary disability. A functional restoration program was again sought. The applicant was not working. The applicant was using Norco and Zanaflex for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **program 80 hours:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of the Functional Restoration Program includes evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the applicant does not appear to have any psychiatric treatment to date. Much of the applicant's impairment is mental-health related, the requesting provider has posited. The applicant was moderately depressed; it was suggested on the functional restoration program evaluation, referenced above. The applicant has not, however, seemingly had any psychotherapy and/or psychotropic medications at any point during the course of the claim. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, further states that another criteria for pursuit of functional restoration program includes evidence that an applicant is motivated to change and is willing to forgo secondary gains, including disability payments, in an effort to try and improve. In this case, however, there was no mention of the applicant's willingness to forego secondary gains, including ongoing marijuana usage, in an effort to try and improve. There was no evidence that the applicant was intent on returning to work, as multiple subsequent progress notes, including a May 19, 2014 progress note, stated that the applicant remained off of work, on total temporary disability. Thus, six weeks after the functional restoration program evaluation, the applicant was again placed off of work, on total temporary disability. There was no clear or compelling evidence that the applicant was motivated to improve and/or willing to foregoing secondary gains such as indemnity benefits/disability benefits and/or marijuana in an effort to try and improve. Since several criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a functional restoration program have not been met, the request is not medically necessary.