

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	9/24/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011522

- 1) MAXIMUS Federal Services, Inc. has determined the request for **HELP program is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **HELP program is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 47 year old female with a date of injury of September 24, 2009. According to reports submitted by Dr. [REDACTED], the claimant experiences significant pain in her upper left extremity with allodynia and hypersensitivity. It is also noted that the claimant experiences chronic symptoms of complex regional pain syndrome. There is no mention of any psychiatric symptoms per Dr. [REDACTED] reports. Although Dr. [REDACTED] did not address any psychiatric concerns, psychiatric symptoms had previously been noted in a psychological evaluation conducted by Dr. [REDACTED] on October 23, 2012. At that time, Dr. [REDACTED] diagnosed the claimant with a pain disorder associated with both psychological factors and a general medical condition, adjustment disorder with anxiety and depressive features, and anxiety disorder.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for HELP program:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS: Criteria for the general use of multidisciplinary pain management programs.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, pg. 7, and Chronic pain programs (functional restoration programs), pg. 32, which are a part of MTUS.

Rationale for the Decision:

The most current medical reports provided do not provide a thorough assessment including baseline functional testing per criteria (1) of the CA MTUS outlined above. In addition, there is no information provided regarding the employee's "motivation to change" and whether the employee "is willing to forgo secondary gains, including disability payments to effect this change" per criteria (5) of the CA MTUS. Lastly, there is no documentation indicating that the "negative predictors of success have been addressed" per criteria (6) of CA MTUS. Since 3 of the 6 criteria for the general use of multidisciplinary pain management programs per the CA MTUS have not been established, the request for HELP services is not medically necessary. **The request for HELP program is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.