
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

2/21/2013

7/11/2013

CM13-0001215

- 1) MAXIMUS Federal Services, Inc. has determined the request for functional restoration program for the thoracic and lumbar spine - six (6) sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 functional restoration program for the thoracic and lumbar spine - six (6) sessions **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 Physical Medicine and Rehabilitation, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013;

“The patient is a 44-year old male who sustained a work related injury to the thoracic and lumbar spine on 2/21/13.”

“A 6/19/13 report notes current complaints of frequent moderate thoracic pain that was described as aching. The pain was aggravated by strenuous activities, twisting and turning. Frequent severe to moderate lumbar pain that the patient described as aching. This pain was aggravated by bending, twisting and strenuous work. Exam: +3 spasm and tenderness to the bilateral paraspinal muscles from T8 to T12, +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1 and quadratus lumborum. Lumbar range of motion was captured digitally by Acumar. A report and graph are attached. Kemp’s test was positive bilaterally. The straight leg raise test was positive on the left. Yeoman’s was positive bilaterally. The left hamstrings reflex was decreased. The left Achilles reflex was absent. MRI and NCV/EMG still pending. Functional restoration program x 6 visits recommended for thoracic and lumbar spine.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/2/13)
- CA MTUS Chronic Pain Medical Treatment Guidelines, (functional restoration programs) pgs 31-33

*NOTE: Medical records were not received from the claims administrator timely.

1) Regarding the request for functional restoration program for the thoracic and lumbar spine - six (6) sessions:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (functional restoration programs) pgs 31-33, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the thoracic and lumbar spine on 2/21/13.

MTUS Chronic Pain guidelines recommend a functional restoration program for those with chronic pain who are at risk for delayed recovery. Since no medical records were provided for review, there is no documentation of functional testing or other treatment modalities or failure of such modalities in improving the patient's function. The request for a functional restoration program (FRP) for the thoracic and lumbar spine, six (6) sessions, 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/ldh

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.