

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 10/27/2009
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0003121

- 1) MAXIMUS Federal Services, Inc. has determined the request for 30 days at a Northern California functional restoration program **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 30 days at a Northern California functional restoration 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 54-year-old female with an October 27, 2009 and 2/8/11, date of injury this patient suffered two injuries, the first injury was right lumbar sprain contusion right angle on the website. The second injury was a motor vehicle accident. The patient has become increasingly inactive and fearful of significant physical activity because of pain symptoms. The patient reported significant symptoms of depression secondary to pain disorder, reduced sex drive and anxiety because of pain and functional limitations. The patient had 2 pound grip strength in the right and 24 pounds on the left, decreased range of motion in the right shoulder, decreased strength in the quadriceps hip abduction extension and decrease strength of the ankle.

History as per provider includes injections in the ankle, was treated for fibromyalgia, and has taken numerous opioid pain medications, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture, chiropractor massage therapy, Cognitive Behavioral Therapy (CBT), Physical therapy (PT) and Home Exercise Program (HEP). The patient also had sympathetic nerve blocks, Authorized Medical Examiner (AME) report on 7/20/2011 states the patient is not a surgical candidate.

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 30 days at a Northern California functional restoration 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 Chronic Pain Medical Treatment Guidelines, pages 31-32, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs (functional restoration programs), page 30, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, and these programs are not recommended to exceed 20 days total. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. This request for functional restoration program of 30 days exceeds the guideline recommendation of 20 sessions. **The request for 30 days at a Northern California functional restoration 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

/db

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.