

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	7/19/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003489

- 1) MAXIMUS Federal Services, Inc. has determined the request for a HELP interdisciplinary evaluation for chronic pain **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 a HELP interdisciplinary evaluation for chronic pain **is 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.

### **Expert Reviewer Case Summary:**

The patient sustained an electrical injury with chronic neuropathic pain in the upper extremities. A peer-to-peer discussion was performed with Dr. [REDACTED] on 7/8/2013. The treating physician notes that major reason for a pain program is to address the patient's clear avoidance issues. No prior psychological treatment is noted, and the patient is taking only Topomax and Wellbutrin, with no addition of a narcotic.

### **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 a HELP interdisciplinary evaluation for chronic pain:**

#### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs (functional restoration programs), pgs. 30-32, which are part of the MTUS.

Rationale for the Decision:

In the case of this injured employee, there is documentation of all the criteria outlined in the chronic pain guidelines in the medical records which were submitted for review. The employee has had numerous clinic visits, prior physical therapy, and functional assessments. Although prior utilization review denials had indicated a lack of functional deficits, it is noted that the employee is not working at this time. This employee sustained an electrical shock injury on 7/19/2010, which has resulted in post-traumatic headaches, anxiety, PTSD, and light-headedness. There is specific discussion by the primary treating physician in the record that medications have not proven effective. Braces/cast have been ineffective. There is documented sleep disturbance and sexual dysfunction. The employee has tried psychiatric medications including Wellbutrin. There is documentation of inability to work and fear of performing electrical work. There is documentation by Dr. [REDACTED] on 8/30/12 that the employee cannot return to work due to severity of the pain, including intractable headaches and neck pain. The primary treating physician has documented the injured employee is not a candidate for surgery or other invasive interventions; or wishes to avoid additional options of surgery due to fear of complication or further delays in recovery. There is documentation of motivation to return to work as documented by the requesting health care provider. It is noted that the request is for an evaluation by a multidisciplinary team, including a pain specialist, physical therapist, and psychologist. Although not of all negative predictors of success from the guidelines are available in the submitted documentation, the team performing the evaluation can address all of these above factors and take this into consideration before deciding to enter the employee into a multidisciplinary program. **The request for a HELP interdisciplinary chronic pain management evaluation is 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, 18<sup>th</sup> 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.