

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

6/6/2011

7/29/2013

CM13-0004279

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional three weeks of HELP interdisciplinary pain rehabilitation program is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **additional three weeks of HELP interdisciplinary pain rehabilitation program 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 Pain Management 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:

This is a female patient with a date of injury of June 6, 2011. A utilization review determination dated July 11, 2013 recommended non-certification for an additional three weeks of HELP interdisciplinary pain rehabilitation program. The request is denied to due to no documentation of evidence of demonstrated efficacy as documented by subjective and objective gains following week two of program participation. Additionally, it is stated that the proposed additional three weeks of pain rehabilitation program in addition to the sessions previously certified would exceed chronic pain management guidelines. A team report dated July 19, 2013 states the patient attempted to return to her job after injury, but she's not currently working. Based on her symptoms and previous surgeries, the treating physician felt that a HELP evaluation was important for her. Diagnoses included left knee pain, status post surgery, myofascial pain, severe depression and fear-based avoidance of activity. A progress assessment states, "Ms. [REDACTED] completes her second week in the HELP program and continues making good strides towards her medical and functional goals." The note goes on to state, "she has demonstrated body mechanics, increased exercise, task persistence, pacing, avoiding pain contingent arrest intermittently, ignoring pain intermittently, avoiding guarding intermittently, using relaxation techniques, using positive self statements, and avoiding (catastrophic thinking)". The note goes on to state that the patient was able to increase all of her tolerances except for her grip strength, which is likely due to grip strength testing being easily affected by increased activity of the upper extremity and typically having an improvement pattern that, while overall trends upward, can exhibit decline from week to week depending on the patient's flaring and fatigue levels. The note goes on to state "the CPMTG (Chronic Pain Medical Treatment guidelines) describe clear support for 20 full day sessions consisting of 160 hours. The HELP program is structured into part day sessions. To date, Ms. really has completed 50 hours." It is stated that an extension of the program would not exceed guidelines. The note goes on to identify improved standing and walking tolerances.

Goals include walking tolerance to 30 minutes and standing tolerance to 25 minutes. There is a functional restoration program outcomes table available for review demonstrating that the patients enrolled in this program have significant improvement in function during the 2012 calendar year. An initial evaluation dated May 21, 2013 is available for review identifying a thorough assessment including failed conservative treatments and treatment goals which are reasonable given the patient's current functional status. The note indicates that there are no other treatment options reasonably expected to help this patient. The note goes on to document that the patient does exhibit motivation to change and would like to increase functional independence. She also is interested in returning to work.

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 additional three weeks of HELP interdisciplinary pain rehabilitation 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, which is a part of the MTUS and the Official Disability Guidelines (ODG), Disability Duration, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 30-34, chronic pain programs, which is a part of the MTUS.

Rationale for the Decision:

Regarding the request for three additional weeks of HELP functional restoration program, MTUS guidelines recommend functional restoration programs be provided when an adequate and thorough evaluation has been made, previous methods of treatment have been unsuccessful, the patient has a significant loss of ability to function, the patient is not a candidate for surgery or other treatments would not be warranted. Additionally, the patient must exhibit motivation to change and negative predictors of success must have been addressed. Guidelines go on to state that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Guidelines also to recommend a total treatment duration of no more than 20 full-day sessions or the equivalent part-day sessions. A review of the records indicates the requesting physician has documented that the employee has met the initial criteria for initiation of a functional restoration program. Additionally, there is now documentation that the employee has made objective functional improvement, as well as subjective gains while participating

in the HELP program. Furthermore, there are reasonable remaining treatment goals, and the currently requested additional sessions would not exceed what is recommended by guidelines. **The request for additional three weeks of the HELP program 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, 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.