

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

5/3/2012

7/31/2013

CM13-0005002

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 an outpatient pain management 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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 05/03/2012. The office note dated 07/02/2013 revealed the patient had a negative EMG/nerve conduction study, but positive provocative sign at the elbow. The patient stated physical therapy was not helpful, but he has done well with acupuncture. The physical examination revealed the patient had a normal upper extremity and full range of motion, tenderness over the lateral epicondyle, and the extensor mass with numbness into the first webspace between the finger, thumb and index finger. The patient was noted to have a request for pain management.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for an outpatient pain management 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 American College of Occupational and Environmental Medicine, page 127, which is not part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines criteria for the general use of multidisciplinary pain programs include: an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful; a significant loss of ability to function independently as a result of chronic pain; and the employee is not a candidate where surgery or other treatments can be warranted. The guidelines further indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy documented by subjective and objective gains. The clinical documentation submitted for review indicates that the employee has a normal upper extremity with full range of motion, tenderness over the lateral epicondyle, and the extensor mass with numbness into the first web space between the thumb and index finger dorsally. The records do not document the employees level of pain or function. Additionally, the request fails to indicate the duration of treatment. **The request for an an outpatient pain management 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.