

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: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 6/5/2007
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005355

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional restoration program five days a week QTY: 30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 five days a week QTY: 30** 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 applicant is a [REDACTED] Instructional aide who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 5, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; at least two prior epidural steroid injections; topical compound; a largely normal lumbar MRI of May 9, 2008; electrodiagnostic testing of February 8, 2008, notable for chronic L5 and S1 radiculopathies; and extensive periods of time off of work. In a prior utilization review report of July 23, 2013, the claims administrator partially certified 10 sessions of functional restoration program. The applicant's attorney subsequently appealed on July 30, 2013. In a note of August 15, 2013, the claims administrator stated that the applicant continues to use both Zoloft and Norco. The applicant is also on Flexeril, being used minimally, Topamax, Abilify, Wellbutrin, and Zoloft. It is stated that the applicant is reportedly compliant with treatment. A physical therapy note of the same date suggests that the applicant is able to lift 6.5 pounds, exhibits 10% to 50% range of motion.

In a July 25, 2013 progress note, it is stated that the applicant needs childcare so as to facilitate her attendance in the program. The applicant states that she is trying to become a parole officer.

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 functional restoration program five days a week QTY: 30:**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 part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 49, which is part of MTUS.

Rationale for the Decision:

As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Thus, I would not take exception with the 10-session partial certification previously issued by the claims administrator. Additional documentation submitted after initiation of the functional restoration program does not establish the presence of clear subjective or objective gains affected through the initial 10 sessions of functional restoration. The employee appears to have only made minimal strides in terms of diminishing medication consumption and in reducing physical impairment such as range of motion. **The request for functional restoration program five days a week QTY: 30 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

/amm

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.