

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: | 7/23/2013 |
| Date of Injury: | 9/26/2005 |
| IMR Application Received: | 8/1/2013 |
| MAXIMUS Case Number: | CM13-0005870 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for 3 weeks part day treatments in outpatient HELP program, equating to 2 full weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 3 weeks part day treatments in outpatient HELP program, equating to 2 full weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

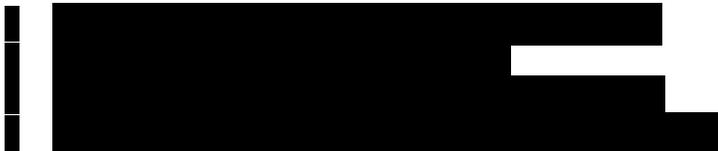
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice 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 is a 56-year-old male with a date of injury of 12/16/2009 after lifting a beam. The patient was diagnosed with chronic neck pain and is status post two shoulder surgeries and a carpal tunnel release on unstated dates. Notes indicate that the patient was seen on 6/10/2013 for bilateral neck and arm pain. Notes indicate that the patient reported shooting, burning and electric-type pain with numbness and tingling into the hand while driving. A recommendation was made that the patient may benefit from repeated cervical epidural steroid injections. Physical examination revealed deep tendon reflexes of 2/4 to the bilateral upper extremities with normal strength and tenderness noted in the cervical paraspinal muscles. Notes indicate that the patient's treatment to date has consisted of physical therapy, medications, and a cervical epidural steroid injection in May 2013 with medications including Naprosyn, Celebrex, and Flexeril. The documentation submitted for review contained no clinical notes, imaging studies or consultation notes for the patient in regard to the requested HELP program. Documentation submitted for review did contain two prior utilization reviews with adverse determinations for a Functional Capacity Evaluation of the cervical spine dated 6/27/2013 and 7/16/2013.

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:



1) Regarding the request for 3 weeks part day treatments in outpatient HELP program, equating to 2 full weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs, pages 30-32, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend chronic pain management for patients with conditions that put them at risk of delayed recovery and who are motivated to improve and return to work after meeting selection criteria. Criteria for entrance into a program is supported when all of the following criteria are met: (1) an adequate and thorough evaluation has been made including baseline functional testing so that follow-up with the same test can note functional improvement; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in clinical improvement; (3) the patient has significant loss of ability to function independently resulting from chronic pain; (4) the patient is not a candidate where surgery or other treatments would be clearly warranted; (5) the patient exhibits motivation to change and is willing to forego secondary gains including disability payments to effect this change; and (6) the negative predictors of success have been addressed. There were no clinical records, imaging studies or physical therapy notes submitted for review. The documentation submitted indicates the employee has undergone conservative treatment in the form of medication management, formal physical therapy, and cervical epidural steroid injections in treating neck pain. However, the employee's functional response to these injections, treatments, and medications is not indicated in the documentation provided for review to support the requested chronic pain management program. Further, there is a lack of documentation indicating that the employee has expended all methods of treating his chronic pain without success or that there is an absence of other options likely to result in clinically significant improvement. **The request for 3 weeks part day treatments in outpatient HELP program, equating to 2 full weeks 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:

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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.