
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 7/1/2008
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006635

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker sustained an industrially related injury on July 1st, 2008. He lifted a 26 inch round metal pipe and sustained a back injury. The injured worker has diagnoses of discogenic low back pain with herniated discs at L4-5, L5-S1, severe central canal lumbar stenosis, and postlaminectomy syndrome. Additionally there is documentation of major depression including suicidal ideation in the past. The patient's depression was felt by the requesting healthcare provider to not be a barrier to his treatment program. This patient has not returned to work since his date of injury. The patient has tried physical therapy, acupuncture, medications including narcotics, brace/casts, chiropractic treatment, and TENS Unit without significant relief of his pain.

A document entitled "Reconsideration" dated 7/1/13 summarizes some of the key rationale for an interdisciplinary program. The injured worker has had chronic pain syndrome that has last longer than the anticipated time of recovery. The worker has impairment in ADL's including requiring assistance with moderate or heavy housework. The injured worker avoids tasks which require bending, squatting, kneeling, and stair negotiation. The treatment goals of the HELP program for this patient would be to reduce opioid use, increase walking and standing tolerance, improve independence with ADL's and "further integration into the community.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Part day treatment in a HELP program for 3 weeks is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has not met the several of the criteria for the use of a HELP program, according to MTUS guidelines. One of the criteria is that the negative predictors for success have not been addressed, based on the review of the medical records submitted. There is neither mention of whether the employee has a negative or positive relationship with his employer or poor adjustment. The employee has had depressive symptomatology documented previously, with some suicidal ideation present in the past but not currently. The patient's depression was felt by the requesting healthcare provider to not be a barrier to his treatment program. Given that not all the criteria required for admission to a functional restoration/ multidisciplinary pain program have been met, this request is recommended for non-certification at this time. **The request for a part time HELP program is not medically necessary and appropriate.**

/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.

[REDACTED]

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