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## Independent Medical Review Final Determination Letter

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Dated: 12/18/2013

<b>IMR Case Number:</b>	CM13-0009624	<b>Date of Injury:</b>	3/14/2012
<b>Claims Number:</b>	████████████████████	<b>UR Denial Date:</b>	8/9/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/15/2013
<b>Employee Name:</b>	██		
<b>Provider Name:</b>	██		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Pain management/functional restoration program		

DEAR ██████████,

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, ██████████

## 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 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 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

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

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain, reportedly associated with an industrial injury of March 14, 2012.

Thus far, he has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; MRI imaging of the lumbar and cervical spine from June 6, 2012, notable for low-grade disc bulges of uncertain clinical significance; normal MRI of the brain from June 6, 2012; at least one lumbar epidural steroid injection on June 21, 2013; and work restrictions. It is unclear whether the applicant's work restrictions have been accommodated by the employer or not, however.

In a utilization review report of August 9, 2013, the claims administrator denied the request for a functional restoration program. The applicant's attorney subsequently appealed, on August 12, 2013.

In a progress note of August 7, 2013, the primary treating provider states that he is requesting a functional restoration evaluation as opposed to a functional restoration program. An early note of July 31, 2013, is notable for comments that the applicant reports persistent 7/10 lower back pain. Apparently, there was restricted range of motion secondary to pain and he was asked to return to modified work with a 25-pound lifting limitation.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Pain management/functional restoration program is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 32, which is part of the MTUS

The Physician Reviewer's decision rationale:

As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of functional restoration program include evidence that previous means of treating chronic pain had been unsuccessful and that there is an absence of other options likely resulting in significant clinical improvement. The applicant should also have significant loss of ability to function independently resulting from chronic pain, is motivated to change, and is willing to forgo disability payments to effect said change. In this case, however, there is no clear evidence that the employee meets any or all of the aforementioned criteria. It is not clearly stated why other means of treating pain are ineffective or have been ineffective here. Rather, it is suggested that the employee had been returned to modified duty. The employee's work status has not been clearly detailed. It is not clearly stated what the goals of the said functional restoration program are and and/or why other means of meeting these goals, such as counseling, medications, home exercises, etc., cannot be employed. **The request for pain management/functional restoration program is not medically necessary and appropriate.**

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.



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