

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/5/2013     |
| Date of Injury:           | 1/3/2013     |
| IMR Application Received: | 8/13/2013    |
| MAXIMUS Case Number:      | CM13-0010621 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional home health care for 4 hours a day, 7 days a week for 12 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation and treatment is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **additional balance therapy twice a week for four weeks is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **additional home health care for 4 hours a day, 7 days a week for 12 weeks** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation and treatment** is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **additional balance therapy twice a week for four 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 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 has filed a claim for right shoulder, right knee, and low back pain reportedly associated with an industrial injury of January 3, 2013. Thus far, the applicant has been treated with the following: analgesic medications; a cane; psychotropic medications; unspecified amounts of physical therapy over the life of the claim; extensive periods of time off work, a lumbar brace; 12 prior sessions of vestibular therapy. The patient is diagnosed with a closed head injury following a fall from a ladder, and with a rib fracture. In a utilization review report of July 5, 2013, the claims administrator denied a request for home healthcare, psychological evaluation, additional balance therapy, lumbar MRI, electrodiagnostic testing, and an orthopedic consultation.

An earlier clinical progress note of August 6, 2013 is notable for comments that the applicant ambulates with a cane, is diabetic, and continues to have low back pain radiating to the bilateral lower extremities. He continues to have difficulty with memory, concentrating, and focusing. He is on Effexor and Desyrel. MRI imaging and electrodiagnostic testing have been sought. An earlier note of June 27, 2013 is notable for comments that the applicant should pursue a psychological assessment for consideration of psychotherapy for depression. The applicant remains off work, on total temporary disability.

### **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 additional home health care for 4 hours a day, 7 days a week for 12 weeks:**

##### 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 Official Disability Guidelines, Home Health Services, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 51 of 127, which is part of the MTUS.

##### Rationale for the Decision:

As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services are recommended only for otherwise recommended medical treatment for applicants who are homebound and/or unable to receive medical services on an outpatient basis. In this case, it is not clearly stated why home health services are being sought. Based on the review of the medical records provided, this request appears to be for the purposes of aid with activities of daily living. The guidelines state, however, services such as cooking, cleaning, laundry, personal care, etc., are not covered. **The request for daily home health services for 4 hours a day, 7 days a week for 12 weeks is not medically necessary and appropriate.**

#### **2) Regarding the request for psychological evaluation and treatment:**

##### 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, pages 100-102, which are part of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 15, page 398, which is part of the MTUS.

##### Rationale for the Decision:

As noted in ACOEM Guidelines in Chapter 15, the presence of persistent psychiatric symptoms should lead primary treating provider to refer an applicant to a psychiatric or psychological specialist after symptoms continue for more than six to eight weeks. In this case, the employee has had ongoing issues with depression and anxiety apparently associated with the industrial injury for what amounts to several months. The symptoms have persisted despite introduction of

psychotropic medications. Obtaining the added expertise of a physician specializing in mental health issues is indicated. **The request for psychological evaluation and treatment is medically necessary and appropriate.**

**3) Regarding the request for additional balance therapy twice a week for four weeks:**

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 the Official Disability Guidelines, Vestibular PT Rehabilitation, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 8 of 127, which is part of the MTUS.

Rationale for the Decision:

The employee has had at least 12 prior sessions of vestibular therapy, according to the medical records submitted for review. There is no clear evidence of functional improvement following introduction of this therapy as defined in MTUS. Significant physical impairment persists. The employee continues to use a cane and remains off work, on total temporary disability, which does not support functional improvement. The guidelines states that demonstration of functional improvement at various milestones is mandated to justify continued treatment. **The request for additional balance therapy twice a week for four 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: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/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.