

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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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:	7/16/2013
Date of Injury:	7/3/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0011585

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one interdisciplinary evaluation for HELP program RFA 7-10-13** 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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **one interdisciplinary evaluation for HELP program RFA 7-10-13** 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 represented former [REDACTED] who has filed a claim for chronic low back pain, myofascial pain syndrome, and sacroiliitis, reportedly associated with an industrial injury of July 3, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; home exercises; interventional spine procedures; hernia repair surgery in April 2013; transfer of care to and from various providers in various specialties; umbilical hernia repair surgery on April 18, 2013; extensive periods of time off of work; and unspecified amounts of physical therapy.

In a utilization review report of July 16, 2013, the claims administrator denied a request for an interdisciplinary evaluation for a HELP functional restoration program. The claims administrator and the attending provider did not furnish any discussion as to whether the applicant is currently working or not and/or whether the applicant intends to return to work.

The applicant's attorney subsequently appealed, on July 30, 2013.

An earlier progress report of June 20, 2013 is blurred as a result of repetitive photocopying, and is notable for comments that the applicant has had numerous spine procedures, is on Celebrex for pain relief, exhibits an antalgic gait and receives recommendation to try gabapentin, pursue a sacroiliac joint injection, and continue home exercises. An interdisciplinary pain evaluation is sought. The applicant is asked to remain off of work, on total temporary disability. The applicant is asked to increase his dose of Neurontin. It is later stated on August 20, 2013, that the applicant should pursue a medial branch block.

**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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for one interdisciplinary evaluation for HELP program RFA 7-10-13 :**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 31-33, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs (functional restoration programs), page 32, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that the criteria for the pursuit of multidisciplinary pain management programs include an absence of other options likely to result in significant clinical improvement. In this case, however, the employee is in the process of receiving and/or has recently received several other treatment options that may possibly result in significant clinical improvement, including medial branch block, Neurontin, sacroiliac joint injections, etc. The medical records provided for review do not indicate the employee's response to the other treatment options. **The request for one (1) interdisciplinary evaluation for HELP program RFA 7-10-13 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  
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Oakland, CA 94612

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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.