MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/2/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	8/2/2013
Date of Injury:	11/5/2007
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011626

1) MAXIMUS Federal Services, Inc. has determined the request for a **functional restoration program (FRP) is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **aqua therapy, ten (10) sessions is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/2/2013. 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 functional restoration program (FRP)** is not **medically necessary and appropriate.**

2) **MAXIMUS Federal Services, Inc. has determined the request for aqua therapy, ten (10) sessions** is **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:
Claimant is a 39 year old female with date of injury 11/5/2007 with low back injury. Diagnoses included low back pain, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome and adjustment disorder with mixed anxiety and depressed mood. Progress note dated 4/25/2013 notes that the claimant has increased her use of Vicodin

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 Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for functional restoration program (FRP):**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Risk Stratification section, Functional Restoration Approach to Chronic Pain Management, pgs. 6-7, which are part of the MTUS.

Rationale for the Decision:
The employee has been injured for over six years, and has had many of the therapies that are included in a functional restoration program. Among the many treatments the employee has had are epidural steroid injections, psychotherapy, psychopharmacotherapy, pain management, and chiropractic therapy. The employee is currently undergoing aquatic therapy. The employee's history of comprehensive interdisciplinary care and and ongoing therapies do not support initiating a functional restoration program. **The request for functional restoration program (FRP) is not medically necessary and appropriate.**

2) **Regarding the request for aqua therapy, ten (10) sessions:**

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 (ODG), Aquatic therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, aquatic therapy section, pg. 22, which is part of the MTUS.

Rationale for the Decision:
Chronic Pain Medical Treatment Guidelines indicate aquatic therapy is; "Recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The claimant has already started aquatic therapy with equivocal results following three visits. Active therapy with the use of aquatic therapy is supported by these guidelines for the 10 visits that have been requested.

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, 18th Floor
Oakland, CA 94612

/ldh

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.