

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



---

**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/30/2013    |
| Date of Injury:           | 6/29/2008    |
| IMR Application Received: | 8/13/2013    |
| MAXIMUS Case Number:      | CM13-0012876 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 30 day (6 week) functional restoration program **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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 a 30 day (6 week) functional restoration program 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:**

All medical, insurance, and administrative records provided were reviewed.

The applicant is a 77-year-old former [REDACTED] who has filed a claim for chronic neck, low back, left shoulder, and right ankle pain reportedly associated with an industrial injury of June 29, 2008.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a psychology consultation; adjuvant medications; psychotropic medications; and the apparent imposition of permanent work restrictions that have resulted in the applicant's being removed from the workplace.

In a utilization review report of July 30, 2013, the claims administrator denied a request for a functional restoration program. In a request for reconsideration dated July 24, 2013, the attending provider states that the applicant is not a surgical candidate. It is stated that the applicant has tried and failed oral medications, manipulation, physical therapy, home exercises, and epidural steroid injections. It is stated that the applicant has numerous psychological sequela, including anxiety, fear avoidance, and depression. It is stated that the applicant would also like to improve strength about the shoulders. It is apparently suggested that the applicant is motivated to change, is tearful, is using a cane, and would like to improve her overall function.

### **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 a 30 day (6 week) functional restoration program:**

##### 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 CA MTUS and American College of Occupational and Environmental Medicine (ACOEM).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 32, which is part of the MTUS.

##### Rationale for the Decision:

As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without objective gains and evidence of demonstrated efficacy. Total treatment duration in excess of 20 sessions, furthermore, requires a clear rationale, it is further suggested by the MTUS Chronic Pain Medical Treatment Guidelines. In this case, it does appear that the employee would be a candidate for a functional restoration program, albeit at a reduced rate, frequency and overall amount. The employee does have musculoskeletal and psychological deficits that are proven recalcitrant to other appropriate conservative modalities, including analgesic medications, counseling, psychotropic medications, physical therapy, etc. Nevertheless, the attending provider has not furnished a clear or compelling rationale for treatment well in excess of the 20-session maximum recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Since conditional certifications, qualified certifications, and/or partial certifications are not permitted through the independent medical review process, the request remains non-certified, on independent medical review. **The request for a 30 day (6 week) functional restoration program 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

/cmol

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.