

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **11/22/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/11/2013
Date of Injury:	2/22/2013
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015897

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. 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** 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 [REDACTED] employee who has filed a claim for low back pain reportedly with an industrial injury.

Thus far, he has been treated with the following: Analgesic medications; work restrictions; unspecified amounts of chiropractic manipulative therapy; apparent diagnosis with compression fractures of L1 and L4; apparent return to work with a 30-pound lifting limitation; electrodiagnostic testing of July 3, 2013, demonstrating no evidence of cervical radiculopathy or peripheral neuropathy; unspecified amounts of physical therapy; and a TENS unit.

In a utilization review report of August 11, 2013, the claims administrator denied the request for a functional restoration program. A June 5, 2013 progress note is notable for comments that the applicant has a functional gait and 5/5 upper and lower extremity strength with operating diagnoses of myofascial sprain, shoulder sprain, low back pain, and compression fractures. A later note of July 17, 2013 again is notable for comments that the applicant should return to modified duty work with a 30-pound lifting limitation and follow up in six weeks. The applicant is described as having a normal lumbar exam and a normal cervical spine exam with the exception of tenderness

### **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 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 Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs, pages 30-32, & 49, which is part of the MTUS.

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

Rationale for the Decision:

As noted on page 32 of the MTUS Chronic Pain Guidelines, criteria for pursuit of a functional restoration program/chronic pain program includes evidence of an adequate and thorough evaluation in those employees in whom previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, however, it does not appear that there is an absence of other options likely to result in significant clinical improvement. The employee has already seemingly made significant strides to date. The employee has returned to modified duty work. The employee exhibits normal motor function on a recent office visit in June 2013, and is described as exhibiting normal to near normal cervical lumbar exams as of a recent July 17, 2013, office visit. It is not clearly stated why the employee cannot continue self-rehabilitation through lower levels of care, such as outpatient physical therapy, home exercises, transition to regular duty work, etc. **The request for a 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

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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.