

**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:	8/13/2013
Date of Injury:	8/4/2011
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017894

- 1) MAXIMUS Federal Services, Inc. has determined the request for **work hardening two times a week for four weeks cervical spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **work hardening two times a week for four weeks cervical spine** 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 [REDACTED] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 4, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; at least two prior cervical epidural steroid injections; 7 to 12 prior sessions of physical therapy; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 13, 2013, the claims administrator denied a request for work hardening.

An earlier note of July 29, 2013 is notable for comments that the applicant has completed 7 to 12 sessions of physical therapy. The applicant reports diminution of radicular symptoms following prior cervical epidural steroid injection. The applicant is using six tablets of Norco on an as-needed basis on bad days. The applicant exhibits diminished cervical range of motion, 5/5 strength throughout the upper extremities, normal upper extremities reflexes. There is only mild-to-moderate paraspinal tenderness. It is stated that the applicant's first dorsal interosseous muscles with previously demonstrated weakness now also demonstrates 5/5 strength. The applicant is asked to continue Norco and Tylenol for pain relief while remaining off of work, on total temporary disability.

## REFERRAL QUESTIONS:

**1. No, the proposed eight sessions of work hardening for the cervical spine are not medically necessary, medically appropriate, or indicated here.**

As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, work hardening is endorsed in those applicant's with a work-related musculoskeletal condition with functional limitation that preclude the ability to safely achieve current job demands. A precursor evaluation may be required to demonstrate capacity below that required by job demands. This should also be a clear or defined return to work goal. In this case, it is does not clearly whether the applicant has a job has return to [REDACTED] or whether his employer will take him back at this point in time. It is not clearly stated what is preventing the applicant from returning to work at this point in time. He appears to have effected a very favorable response to prior cervical epidural steroid injection. He does not have any residual motor deficits. It is not clearly stated why lower levels of care or other treatments such as physical therapy cannot suffice so as to transition the applicant back to his former occupation. For all these reasons, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

### **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 work hardening two times a week for four weeks cervical spine:**

#### 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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Work conditioning, work hardening, page 125, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that work hardening is endorsed in individuals with a work-related musculoskeletal condition with functional limitation that preclude the ability to safely achieve current job demands. The guidelines also indicate that a precursor evaluation may be required to demonstrate capacity below that required by job demands, and this should also be a clear or defined return to work goal. In this case, it is does not clearly whether the employee has a job has return to employment or whether the employer will take the employee back at this point in time. It is not clearly stated what is preventing the employee from returning to work at this point in time. The employee appears to have achieved a very favorable response to prior cervical epidural steroid injection, and the employee does not have any residual motor deficits. It is not clearly stated why lower levels of care or other treatments such as physical therapy cannot be enough to transition the employee back to the former occupation. **The request for work hardening two (2) times a week for four (4) weeks cervical spine 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.