
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for HELP Interdisciplinary Pain Rehabilitation Program, Day treatment x 3 weeks, partial days equating to 2 full weeks **may be medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 HELP Interdisciplinary Pain Rehabilitation Program, Day treatment x 3 weeks, partial days equating to 2 full weeks **may be 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Appeal of Reconsideration, Medical Summary Section, dated 7/15/13 because a clinical summary was not included in the utilization review denial/modification dated July 8, 2013:

“Mr. [REDACTED] is a 36-year-old, married, right-handed father of two young children, who worked as a lettuce cutter and scaler for [REDACTED], and sustained an injury on 08/15/11. He was bent over cutting lettuce, performing continuous and repetitive movements, when he felt a sharp pain to his low back. His pain has lasted beyond the anticipated time of healing making the CPMTG authoritative with regards to treatment of this accepted injury. The patient has received medications, physical modalities, and continues to experience shooting pain in his low back and left lower extremity, numbness to his bilateral shoulders, as well as sharp pain in his left upper extremity. Previous methods of treating chronic pain have been unsuccessful. He is not considered a candidate for surgery and there is an absence of other significant options likely to result in significant clinical improvement. He has developed progressive depression as a consequence to the pain. He describes significant pain and fear avoidance, which have promoted reversible deconditioning compounding the injury related pain. He attempted to return to work but was unable to continue due to significant residual pain...”

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 for Independent Medical Review (received 7/22/13)
- Utilization Review Determination (dated 7/8/13)

- Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Programs (FRPs), pg. 7-8, 30-32, 39
- Medical Records from the [REDACTED] (dated 6/4/13 – 7/15/13)

1) Regarding the request for HELP Interdisciplinary Pain Rehabilitation Program, Day treatment x 3 weeks, partial days equating to 2 full weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Programs (FRPs), pg. 30-32, of the Medical Utilization Treatment Schedule (MTUS). The Primary Treating Provider did reply to the offer to provide information, stating the Chronic Pain Medical Treatment Guidelines (2009), pgs. 7-8, 30-32 and 39, part of the MTUS, were appropriate and relevant. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 8/15/11, the employee sustained an injury to the lumbar spine in a work-related incident. Current diagnosis is lumbar radiculopathy and myofascial restriction. A report dated 6/4/13 reveals treatment has included conservative care, analgesics for pain, exercise, EMG/NCV of the upper and lower extremities, lumbar MRI, and chiropractic treatment. The medical records indicate the employee continues to experience shooting pain in the lumbar spine and left lower extremity, numbness to his bilateral shoulders, as well as sharp pain in his left upper extremity and has developed progressive depression and fear avoidance as a consequence of this pain. A request was submitted for HELP Interdisciplinary Pain Rehabilitation Program.

After review of the medical records submitted it cannot be determined whether or not the employee is or is not a surgical candidate. If the employee is a surgical candidate, the request for 21 partial days (14 full days) of an interdisciplinary pain rehabilitation program exceeds the Chronic Pain Guidelines recommendation of 10 trial visits to assess whether or not surgery may be avoided and would not be medically necessary and appropriate.

If the employee is not a surgical candidate, the criteria necessary for multidisciplinary pain management programs specified in the Chronic Pain Guidelines pg. 31-32 has been met. The request for HELP Interdisciplinary Pain Rehabilitation Program, Day treatment x 3 weeks, partial days equating to 2 full weeks would be medically necessary and appropriate.

The request for HELP Interdisciplinary Pain Rehabilitation Program, Day treatment x 3 weeks, partial days equating to 2 full weeks **may be 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
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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.

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