

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

3/5/2012

7/23/2013

CM13-0002679

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 6 sessions of aftercare with Northern California functional restoration program is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 **6 sessions of aftercare with Northern California 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

“This female patient has a date of injury listed as 03/05/12. No mechanism of injury is noted. The patient has complaints of neck and back pain. The patient has completed 20 sessions of the functional restoration program (FRP). There have been improvements noted most notably these improvements in the mood area. She is able to cope with things better. There is a progress note from the program dated 06/28/13 for review. The patient indicates learning proper body mechanics, nutritional strategies and coping techniques to deal with her chronic pain. She indicated this has helped her to progress toward her goals. The psychologist at the facility reported the patient had a 70% reduction in the symptoms of anxiety and depression. There are improvements with ROM in the cervical and lumbar spine. Strength is unchanged in the upper extremity and improved in the lower extremity. While in the program, the patient was instructed in a home exercise program (HEP). She was also instructed in cardiovascular, core, resistance and flexibility training. Medications include Relafen, Protonix, and Topamax. This female patient has a date of injury listed as 03/05/12. No mechanism of injury is noted. The patient has complaints of neck and back pain. The patient has completed 20 sessions of the functional restoration program (FRP). There have been improvements noted most notably these improvements in the mood area. She is able to cope with things better.”

## 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 7/23/2013)
- Utilization Review Determination from [REDACTED] (date 7/10/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### 1) **Regarding the request 6 sessions of aftercare with Northern California functional restoration program :**

#### 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, Functional Restoration Programs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs (Functional Restoration Programs), pages 30-31.

#### Rationale for the Decision:

The Chronic Pain guidelines indicate that a program should not exceed 20 sessions or 160 total hours, and the program demands specific goals to address. If a program is to exceed the 20 day timeframe, a specific plan needs to be drawn with specific individual deficits to be addressed. The medical records indicated that the physician had laid out specific goals for the initial session; however the records do not show evidence of any aftercare goals or programs. The most current progress notes from the FRP do not show any current deficits. The clinical notes also do not provide any supporting documentation to indicate the necessity for additional treatment. The request for 6 sessions of aftercare with Northern California 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.