

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

6/30/2011

7/29/2013

CM13-0004058

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional restoration program for 120 hours is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 for 120 hours** 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 Preventive Medicine and 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, Mr. [REDACTED], is a [REDACTED] [REDACTED] employee who has filed a claim for chronic mid back, low back, left hip, and left leg pain reportedly associated with an industrial injury of June 30, 2011.

Thus far, he has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; extensive periods of time off from work; prior attendance in a chronic pain/functional restoration program; and over 20 sessions of physical therapy during the life of the claim.

Prior notes of June 2013 suggested that the applicant is attending a functional restoration program as of that point in time. In a subsequent utilization review report of July 16, 2013, 60 hours of functional restoration are partially certified by the claims administrator. The applicant apparently appealed on July 26, 2013.

In a note of July 19, 2013, it is stated that the applicant has had 150 hours of functional restoration as of that point in time. He is still on Lodine on a p.r.n. basis. He is using Effexor on a scheduled basis, tramadol on a scheduled basis, and tizanidine on a scheduled basis. It is stated that the applicant has improved in terms of social function, family interaction, and depression. It is stated that he should continue participating in the program.

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 for 120 hours:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 31-32 and 49, which are part of the MTUS.

Rationale for the Decision:

While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend functional restoration programs, page 32 of the Chronic Pain Medical Treatment Guidelines states that one of the cardinal criteria for pursuit of a functional restoration program is an “absence of other options likely to result in significant clinical improvement.” In this case, according to the medical records provided for review, it is not clearly stated why the employee cannot be treated, going forward, with conventional outpatient office visits, counseling, home exercises, etc. It is further noted that total treatment duration should not exceed 20 full-day sessions. In this case, according to the medical records, the employee has had at least 150 hours of treatment, at the upper range. It no longer appears, furthermore, that the employee has a significant loss of ability to function independently as a result of the chronic pain. For all these reasons, it does not appear the continued participation in a functional restoration program is indicated. **The request for functional restoration program for 120 hours 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, 18th 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.