

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	6/13/2003
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0004138

- 1) MAXIMUS Federal Services, Inc. has determined the request for One (1) Northern California functional restoration program for 20 days (6 weeks) **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 One (1) Northern California functional restoration program for 20 days (6 weeks) **is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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:**

Patient is a 54 year old female with a DOI of 6/13/2003. The patient is diagnosed with lumbar disc displacement without myelopathy, sciatica, spinal stenosis. She is taking flexeril and hydrocodone/apap10-325. The patient has had 10 sessions of functional restoration with good results including increased hope and motivation, improvement in physical and psychological functioning. The notes from the provider states that 10 sessions are partial days, and account for 52 hours total of FRP.

### **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
- Utilization Review Determination
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for One (1) Northern California functional restoration program for 20 days (6 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), Chronic Pain Programs section, page 30, which is part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines specifically address functional restoration programs. The program requested by the provider meets criteria for having successful outcomes and the employee has shown improvement in her first 52 hours of FRP, therefore appears to be motivated. The guidelines state specifically that treatment should not exceed 20 days, or 160 equivalent hours for a part time program. As the employee has already had 10 days or 52 hours, an additional 20 days or 104 hours in this part time program would give the employee 156 hours of FRP. This does not exceed guidelines as stated by the claims administrator, since the program is not a full day program as assumed in the UR decision. The program and employee have shown efficacy and motivation to improve. The request for One (1) Northern California functional restoration program for 20 days (6 weeks) **is 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  
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.