

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	6/21/1999
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005424

- 1) MAXIMUS Federal Services, Inc. has determined the request for comprehensive re-evaluation **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 comprehensive re-evaluation **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 Physical Medicine and Rehabilitation, 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:**

This patient is a 61-year-old female who reported an injury on 06/21/1999. The documentation submitted for review indicates that the patient was evaluated on 07/18/2013, with notes indicating that the patient was seen for provision of future medical care and the need for medication therapy. Notes indicate that the patient has been educated to the unique dangers of methadone, but finds low dose therapy beneficial. Furthermore, notes indicate that the patient has been previously seen for psychological therapies that are crucial to the patient's industrial injury after having been diagnosed with left upper extremity complex regional pain syndrome, most closely related to the left wrist and hand. Notes indicate that the patient has also indicated having signs and symptoms of migratory CRPS, although notes indicate that, while the patient has some widespread complaints, these are not CRPS or related to the patient's industrial injury. Furthermore, notes indicate that the patient has been seen on previous occasions for chronic pain management, with notes indicating a treatment history including a functional rehabilitation program in 2000, 2002, and treatments again in 2010 and 2011. Furthermore, notes indicate the patient has been successful in receiving interdisciplinary services for pain on an ad hoc basis. As of exam, the patient had current symptoms of pain verbalized as 8/10, with aggravating factors including general activities in normal work, and with palliative measures including rest. Notes indicate that the patient manifests emotional distress over ongoing pain issues and that the patient has significant neuropathic component to her pain. Furthermore, notes indicate that the impact of the patient's pain is contributed to marked functional and pain related impairments. Evaluation of the patient's neck revealed full range of motion without pain and no significant lymphadenopathy or mass. Evaluation of the lumbar spine noted deep tendon reflexes were normal bilaterally to the patella and Achilles with no signs of clonus. The patient had normal lumbar flexion with sensation intact to light touch and pin prick bilaterally to the lower extremities with negative straight leg raise and no signs of spasms or guarding. Lumbar spine motor strength was graded as 5/5 throughout all muscle groups. Evaluation of the patient's wrist was without swelling or

erythema, with negative Tinel's, Phalen's, and Finkelstein's tests, with the patient describing tenderness and soreness to end range of motion or light touch. The patient also described pain at rest. Treatment plan notes indicated the patient has developed a vestibular component to the CRPS, resulting in debilitating nausea, and that the patient was currently satisfied with her sessions with a psychiatrist. Notes indicate that the patient requires further interdisciplinary services as previously outlined at the HELP Program. A request was made for re-evaluation to specifically address the services that are needed and to assist parties in the medical necessity of the treatment continuum. Notes indicate that a prior request for evaluation of the patient was denied based on formatting of the reported documents. Therefore, re-request was indicated for authorization for a comprehensive re-evaluation with Dr. [REDACTED] to outline and review comprehensively the need for ongoing interdisciplinary care, given the continued difficulties with the carrier.

### **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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for comprehensive re-evaluation:**

#### 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 California MTUS Chronic Pain Medical Treatment Guidelines, pages 31-32, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Chronic pain programs (functional restoration programs), pages 30-32, which is part of MTUS.

#### Rationale for the Decision:

The California MTUS Guidelines indicate that total treatment duration and a functional restoration program should not generally exceed 20 full days sessions, or the equivalent in part day sessions if required by part time work, transportation, child care, or comorbidities. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Furthermore, longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function. While the documentation submitted for review indicates that the employee has a long ongoing history of complex regional pain syndrome, and attendance in both inpatient and outpatient chronic pain rehabilitation programs, there is a lack of current clinical evaluation of the employee indicating specific findings for which the employee requires treatment in a functional restoration program. Furthermore, given the employee's extensive history of treatment and chronic pain programs, there is a lack of an

individualized care plan with reasonable goals to be achieved. **The request for comprehensive re-evaluation 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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