

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	11/1/2004
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005451

- 1) MAXIMUS Federal Services, Inc. has determined the request for ongoing pain management care **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 ongoing pain management care **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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], has filed a claim for chronic left foot and great toe pain reportedly associated with an industrial injury of November 1, 2004.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior left foot surgery; consultation with a podiatrist, who has endorsed further surgery; and extensive periods of time off of work.

In a utilization review report of July 23, 2013, the utilization reviewer modifies the request for ongoing pain management care to one pain management visit.

A June 13, 2013 questionnaire suggests that the applicant remains off of work.

In a QME of June 3, 2013, it is suggested that removal of the applicant's fibular sesamoid would resolve her complaints.

In a May 9, 2013 progress note, it is suggested that the applicant has ongoing foot pain. She is following up with a pain specialist, who is managing her unspecified numbers of medications, it is stated. The applicant's actual medication list is not detailed. She is asked to follow up with her pain specialist for ongoing medication management purposes. The QME report of June 3, 2013, suggests that the applicant is using Norco and Naprosyn.

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 ongoing pain management care:**Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56. The Expert Reviewer based his/her decision American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle and Foot Complaints, Follow-up Visits, which is part of MTUS.

Rationale for the Decision:

MTUS-adopted ACOEM guidelines state in chapter 14, the individual's work status should dictate frequency of followup visits. In this case, the employee is not working, suggesting that more frequent followup visits might be indicated. Nevertheless, the primary treating provider has not clearly stated the employee's medical list and/or medication profile. The condition or conditions being managed and which the pain management consultant is for are not clearly indicated. **The request for ongoing pain management 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.