

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	10/26/1998
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006638

- 1) MAXIMUS Federal Services, Inc. has determined the request for **HELP interdisciplinary remote care services for four months, reassessment and equipment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **thera cane is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **HELP interdisciplinary remote care services for four months, reassessment and equipment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **thera cane 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 Internal Medicine & Pulmonary Disease 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 claimant is a 71-year-old female with a reported date of injury of 10/26/1998. The mechanism of injury was helping a custodian move her desk, noting that she had been moving boxes of books and shelves for weeks before that, as they were moving the location of the school library. She described pain to her lower back subsequently. In 06/2012, she was seen for her follow-up evaluation of her low back complaints and was prescribed alprazolam, Clonidine, Duragesic 25 mcg/hour 1 patch every 48 hours, hydrocodone 10/325, and Senna. On 04/04/2013, she was seen for initial evaluation, including behavioral medicine evaluation and physical therapy evaluation for the HELP program. She has complaints of pain and depression following her injury. Her BDI score at that time was 27, moderate range for clinical symptoms of depression, and on her pain report, she reported pain impacted her mobility and vitality with self esteem effectiveness, with poor concentration, emotional tension, and anxiety being noted as well. From 04/04/2013 through 06/21/2013, she was seen by the HELP program. It was noted that as of 06/21/2013, she had completed her final week in the program and had made substantial gains. She had been able to discontinue methadone for her pain cocktail. She was able to increase functionality and was able to meet her lift and carry goal of 25 pounds with proper technique. At that time, the request was made for authorization for HELP follow-up with HELP interdisciplinary remote care services for 4 months, followed by an in-office interdisciplinary re-assessment. This was to complement the ongoing care of Dr. [REDACTED]. Diagnoses include low back sprain/strain, degenerative joint disease lumbar spine, right knee pain, post-traumatic arthritis of the right knee, moderate depression and arrhythmia. Treatment plan consists of the HELP program for four months, and Thera Cane.

**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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for HELP interdisciplinary remote care services for four months, reassessment and equipment:****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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs Section, pages 30-34, which is part of the MTUS.

**Rationale for the Decision:**

MTUS Chronic Pain Management Guidelines indicate that chronic pain programs such as functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. While recommended, the research remains ongoing, according to MTUS Chronic Pain Guidelines, as to what is considered a gold standard content of treatment, or with a group of patients that benefit mostly from this type of treatment. Predictors of success and failure for this type of program, per MTUS Chronic Pain Guidelines, include duration of pre-referral disability time. Total treatment duration should generally not exceed 20 full-time sessions or the equivalent in part-day sessions if required for part-time work, transportation, child care, or co morbidities, and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes that should be based on chronicity of disability and other known risk factors for loss of function. The medical records submitted for review indicate this employee had a date of injury on 10/26/1998. The medical records also indicate there was a significant length of time between date of injury and referral to HELP program in 04/2013. The program assessment for 06/21/2013 indicates that the employee has been discontinued off methadone and has increased the tolerance to work and lifting and carrying goals have been reached for 35 pounds with proper technique. The employee's current BDI-2 was not documented to indicate that ongoing psychological assessments would be necessary. The employee's pain scores were not documented as of 06/21/2013

to indicate that the employee was in significant pain for which reinforcement would be needed. Additionally, the last clinical note is dated 06/21/2013. There have been 5 and a half months in which no records were provided for this review. As such, there is no indication of a need for this service for 4 months in its entirety versus a lesser amount of services. **The HELP interdisciplinary remote care services for 4 months, re-assessment and equipment, is not medically necessary and appropriate.**

**2) Regarding the request for thera cane:**

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage Therapy Section, page 60, which is part of the MTUS.

Rationale for the Decision:

Thera cane is a self-massage tool for deep pressure massage at home. The MTUS Chronic Pain Guidelines, page 60, indicate that massage therapy may be recommended, but there is a lack of long-term benefits. The MTUS Chronic Pain Guidelines further indicate that a very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. However, the most recent clinical note is dated 06/21/2013 and does not indicate that there is a medical necessity for this device at this time. The medical records provided for review lack documentation of significant muscle spasms, tightness, or pain that could be relieved by this massage wand. The last clinical note was dated 06/21/2013 and the most current evaluation of this employee was not provided for this review. **The request for Thera cane 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

/jr

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