

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 10/13/2007  
IMR Application Received: 8/8/2013  
MAXIMUS Case Number: CM13-0008822

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 49-year-old female with a reported date of injury of 10/13/2007. The mechanism of injury was missing 1 step on a stair and falling. She was seen for initial pain management consultation on 04/30/2013 with 7/10 pain to her low back with radiation into her legs. Medications included oxycodone/acetaminophen, Cymbalta, Sumavel DosePro, Excedrin migraine, Imodium, Ultram, Flexeril, Flector, and Xanax. Functional restoration program was recommended at that time. After week 1 of her functional restoration program, it was noted she decreased use of oxycodone, Cymbalta, Flexeril and Xanax. Motivation and comprehension material were rated at 9/10 and attitude and effort were rated at 8/10. On the second week evaluation, it was again noted that she had decreased usage of medication and motivation, judgement and self awareness and change ability factor were rated at 8/10 with progress rated at 9/10. It was noted that she had attended 22 hours in the first week of functional restoration program and 24 hours during the second week. Diagnoses include depression disorder, opioid dependence, myospasms, lumbosacral neuritis, postlaminectomy syndrome of the lumbar spine, and status post spinal cord stimulator implant. Treatment plan is to provide functional restoration program for 30 days 6 hours daily.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Functional restoration program for 30 days 6 hours daily is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section chronic pain programs (functional restoration programs), which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section chronic pain programs (functional restoration programs), pgs. 30-34, which is part of MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines indicate that a functional restoration program is recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Individuals should also be motivated to improve and return to work and meet the individual's selection criteria. Criteria includes documentation of an adequate and thorough evaluation including baseline functional testing, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation the individual has a significant loss of ability to function individually resulting from chronic pain and documentation the individual is not a candidate for surgery or other treatments would clearly be warranted. The guidelines also indicate that the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. MTUS guidelines indicate that 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 and should be based on chronicity of disability and other known risk factors for loss of function. The medical records demonstrate this employee underwent 42 hours of functional restoration program in the first week and 24 hours in the second week. It was noted that during the second week, the employee was crying and unable to sleep for several days in a row and was unable to come to the program on at least 1 day. The employee was subsequently seen for a third week and had attended another 24 hours of functional restoration program. It was noted that progress had declined and progress was rated at 7/10, judgement and self awareness also declined rated at 7.5/10. The records do not include documentation of a Beck Depression Inventory (BDI) or Beck Anxiety Inventory (BAI) scores at the initiation of treatment. The subsequent BDI and BAI scores were also not provided on team conference reports for week 2 or for week 3. The records do not indicate a rationale for exceeding guideline recommendations and do not indicate objective evidence that this program has provided significant improvement in this employee's conditions. Therefore, this request is not considered medically necessary and is non-certified. The request for **Functional restoration program for 30 days 6 hours daily is not medically necessary and appropriate.**

/fn

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.

[REDACTED]  
[REDACTED]  
[REDACTED]

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