

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	6/29/2008
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009826

- 1) MAXIMUS Federal Services, Inc. has determined the request for **30 day (6 weeks) functional restoration program is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **30 day (6 weeks) functional restoration program** 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 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:

The applicant is a represented former [REDACTED] who has filed a claim for chronic low back pain, carpal tunnel syndrome, neck pain, and shoulder pain reportedly associated with an industrial injury of June 29, 2008.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; attorney representation; psychotropic medications; and extensive period of time off of work.

In a July 19, 2013, utilization review report, the claims administrator denied a request for a 30-day, six-week functional restoration program. The applicant's attorney subsequently appealed on August 8, 2013.

An earlier medical progress note of June 27, 2013, is notable for ongoing complains of low back, neck, left shoulder, bilateral knee, and bilateral upper extremity pain. The applicant states that her pain is 8 to 9 over 10. She is able to dress herself. She is able to cook and prepare her own meals, but states that she has to use a cane. She is minimally functional now as compared to being highly functional prior to the injury. She would like to return to work, she states, either in her former capacity or some other capacity.

She is ambulating with a cane. A 30-day functional restoration program is sought. The applicant is given a refill of Tylenol No. 3 and asked to continue Cymbalta. It is stated that the applicant is highly motivated to return to work, to use her cane less frequently, and to improve her function.

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 Thirty-day (6 weeks) Functional Restoration Program:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

Claims Administrator based its decision on the CA MTUS, Functional Restoration Programs, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the general use of multidisciplinary pain management programs, page 32, which is part of MTUS.

Rationale for the Decision:

As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment duration in excess of 20 sessions requires a clear rationale for the specific extension and reasonable goals to be achieved. The MTUS Chronic Pain Medical Treatment Guidelines do not support treatment for longer than two weeks without evidence of demonstrated efficacy, both subjectively and objectively. In this case, while the employee appears to be a good candidate for the functional restoration program, the MTUS Chronic Pain Medical Treatment Guidelines do not endorse treatment of the duration, extent, and magnitude of that proposed by the attending provider without interval reassessment to ensure ongoing efficacy and functional improvement. **The request for Thirty-day (6 weeks) Functional Restoration Program 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

/cmol

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.