

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination.**

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
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[REDACTED]  
[REDACTED]

MAXIMUS Federal Services, Inc. has determined the computerized strength and flexibility assessment of lumbar spine & lower extremities requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 04/03/2013 disputing the Utilization Review Denial dated 03/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 04/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the computerized strength and flexibility assessment of lumbar spine & lower extremities requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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, has a subspecialty in Pain 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 professional 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.

### **Case Summary:**

Primary Treating physician's initial report dated 3/13/13 states that the claimant complains of pain in the low back described as a constant burning, sharp pain. The claimant reports pressure in the right leg. The claimant is currently working.

The documentation indicates that the claimant is diagnosed with lumbar sprain and strain. The claimant presents with low back pain and pressure in the right leg. Current request is for a computerized muscle and flexibility (ROM) assessment.

### **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 for Independent Medical Review
- Utilization Review Decision by [REDACTED] (dated 3/28/13)

### **1) Regarding the Request for computerized strength and flexibility assessment of lumbar spine & lower extremities:**

Section of the Medical Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision: The Claims Administrator based its decision on the Medical Treatment Utilization Schedule (MTUS) section 9792.6, which states, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS." The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision Chapter 12, Low Back Complaints, of the American College of Occupational and Environmental Medicine (ACOEM) guidelines.

Rationale for the Decision: Neither the employee nor claims administrator submitted medical records for review for this case before the determination was made by the Reviewer. Therefore, the Reviewer based his/her decision on the employee's condition as stated in the utilization denial/modification dated 3/28/13.

The Professional Reviewer found the computerized strength and flexibility assessment of lumbar spine & lower extremities is not considered standard of care and there is no contrary medical record documentation of findings for this diagnostic procedure. The computerized muscle and flexibility assessment of lumbar spine and lower extremities 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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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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.