

# MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

## Notice of Independent Medical Review Determination.

Dated: 8/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/30/2013
Date of Injury:	1/17/2013
MAXIMUS Case Number:	CM13-0000397

- 1) MAXIMUS Federal Services, Inc. has determined the Physical Therapy three times per week for two weeks requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Orthopedic Consultation for the Lumbar Spine requested **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the MRI of the Lumbar Spine requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 4/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/03/2013. 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 requested Physical Therapy three times per week for two weeks **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Orthopedic Consultation for the Lumbar Spine **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested MRI of the Lumbar Spine **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, 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:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 30, 2013

“Report datedp4110/13 reveals that the claimant sustained a work related injury to the low back. The claimant has started physical therapy and was advised to undergo orthopedic consultation due to ongoing symptoms. The claimant complains of stiffness with swelling and 6/10 pain. On exam, there is tenderness over the paralumbar area. Lumbar spine range of motion to flexion is 12 inches from the ground and extension 25 degrees with pain at terminal extension. The provider recommends orthopedic evaluation, physical therapy and medications.

“Report datedt04/17/13 reveals that the claimant's condition is the same and continues to complain of pain rated 6/10 in the lower back. On exam, there is tenderness and spasms over the lumbar paravertebral areas. There is limitation of motion in the lumbar spine. The provider recommends start physical therapy, medications and acupuncture.”

**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:



**1) Regarding the Request for Physical Therapy three times per week for two weeks:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2<sup>nd</sup> Edition, Low Back Complaints, Physical Treatment Methods, Chapter 12, page 308, of the Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines, Current Version, Low Back Chapter, Physical Methods, a Medical Treatment Guideline (MTG), not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee’s clinical circumstance. The employee’s clinical condition was described as lumbar sprain/strain. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98, 99, of the MTUS relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision

The employee injured the low back in an accident on 1/17/2013. X-Rays taken on 1/18/2013 revealed degenerative changes. Chiropractic care provided a reduction in pain from 10/10 to 6/10. An Orthopedic Consultation on 4/10/2013 revealed that the pain was still described as 6/10. The request was made for Physical Therapy, an Orthopedic Consultation, and an MRI of the Lumbar Spine.

Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency from up to three visits per week to one or less. For myalgia and myositis the guidelines allow 9-10 visits over 8 weeks. The submitted records indicate that the employee has not undergone a course of physical therapy. The

requested Physical Therapy three times per week for two weeks is medically necessary and appropriate.

## **2) Regarding the Request for the Orthopedic Consultation:**

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

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG) Current Version Low Back Chapter, Office Visits, a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as lumbar sprain/strain. The Expert Reviewer found ACOEM Guidelines, 2004, 2<sup>nd</sup> Edition, Chapter 12, page 387, Master Algorithm, "if unresolved, evaluation by low back specialist", of the MTUS was relevant and appropriate for the employee's clinical condition.

### Rationale for the Decision

The employee injured the low back in an accident on 1/17/2013. X-Rays taken on 1/18/2013 revealed degenerative changes. Chiropractic care provided good results with a reduction in pain from 10/10 to 6/10. An Orthopedic Consultation on 4/10/2013 revealed that the pain was still described as 6/10. The request was made for Physical Therapy, an Orthopedic Consultation, and an MRI of the Lumbar Spine.

ACOEM guidelines state that a referral to a specialist is indicated if symptoms are unresolved after 6-8 weeks. Twelve weeks after the injury, despite conservative care, the employee was still experiencing a pain level of 6/10. The referral criteria for an orthopedic consultation is met. The requested Orthopedic Consultation is medically necessary and appropriate.

## **3) Regarding the Request for MRI of the Lumbar Spine:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Low Back Chapter, MRI, a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS relevant and appropriate to the

employee's clinical circumstance. The Expert Reviewer found the referenced guideline used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision

The employee injured the low back in an accident on 1/17/2013. X-Rays taken on 1/18/2013 revealed degenerative changes. Chiropractic care provided good results with a reduction in pain from 10/10 to 6/10. An Orthopedic Consultation on 4/10/2013 revealed that the pain was still described as 6/10. The request was made for Physical Therapy, an Orthopedic Consultation, and an MRI of the Lumbar Spine.

ODG guidelines do not support MRI of the lumbar spine in the absence of red flags or documented radiculopathy. There is no documented evidence in the submitted and reviewed medical records indicating radiculopathy or red flag issues. The requested MRI of the lumbar spine 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: 

/bh

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.