
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 4/24/2013
Date of Injury: 2/20/2013
IMR Application Received: 5/3/2013
MAXIMUS Case Number: CM13-0000430

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/3/2013 disputing the Utilization Review Denial dated 4/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 physical therapy 2 times a week for 6 weeks **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 Preventive Medicine and 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 24, 2013:

Reviewer comments:

This is a review for the medical necessity of the request for 12 Physical Therapy at two times a week for six weeks to the Lumbar spine. As per the submitted medicals and the Utilization Review nurse's clinical summary, the patient in this case is a 35-year-old female who was injured on 2/20/13 after sitting in a chair that did not fit. The patient is diagnosed with lumbar degenerative disc disease and lumbar disc herniation with radiculopathy. According to the most recent medical record (physical therapy report) dated 4/18/13, the patient has complaints of increase in low back pain radiating bilaterally into the legs and heels. The submitted records indicate that the patient has completed seven physical therapy sessions. However, the submitted therapy notes document that the patient has made minimal progress. In light of this, since the patient did not have significant improvement from the previous therapy visits, the factors of prolonged or delayed recovery should be identified and addressed rather than pursuing a continued therapy that provides no complete benefit. Furthermore, the number of requested visits, in addition to the previous number of therapy sessions, has exceeded the recommendations of the referenced practice guidelines. The documents submitted for this review do not provide compelling indications that would justify the additional therapy treatments beyond the guidelines' recommendations. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested physical therapy has not been established.

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 (received 5/3/13)
- Utilization Review Determination from [REDACTED] (dated 4/24/13)
- Medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy 2 times a week for 6 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Table 12-8, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, (2009), page 99, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/20/13 due to reported work station ergonomics issues. The submitted medical records document low back pain, numbness, tingling, pain, and left leg spasms that go into the left toes. Diagnoses include low back pain radiating to the left leg and lumbar herniated disc. Treatment has included medications and physical therapy. A request was submitted for physical therapy 2 times a week for 6 weeks.

The MTUS Chronic Pain Guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The MTUS Chronic Pain Guidelines recommended 8 to 10 visits over four weeks for neuralgia, neuritis and radiculitis. The submitted medical records indicate that the employee has had treatment compatible with this recommendation. However, the employee has failed to derive any clear benefit or functional improvement. The guidelines note that demonstration of functional improvement is necessary in order to justify continued treatment. The request for physical therapy 2 times a week for 6 weeks **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, 18th Floor
Oakland, CA 94612

/srb

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.