

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

5/31/2013

Date of Injury:

3/26/2013

IMR Application Received:

6/6/2013

MAXIMUS Case Number:

CM13-0000579

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 for the low back three times a week for three weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

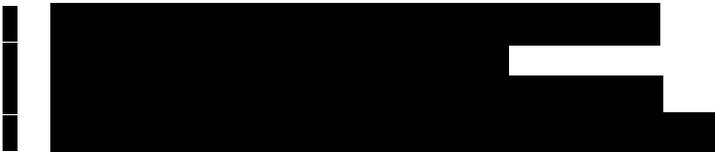
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine and is licensed to practice in California. He/she has been in active clinical 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.

Expert Reviewer Case Summary:

The patient was reportedly injured on 3/26/2013. The patient has been treated with analgesic medications, work restrictions, and muscle relaxants. Electrodiagnostic testing on 5/23/2013 was notable for chronic L5 radiculopathy and unspecified amounts of physical therapy. In a utilization review report dated 5/31/2013, the claims administrator conditionally denied a request for further physical therapy on the grounds that the total number of physical therapy sessions that the patient has had to date was not provided. In an 8/12/2013 progress note, it is stated that the patient has returned to work with a 40-pound lifting limitation. She reported comorbid anxiety and depression and was provided a diagnosis of lumbar radiculopathy. The patient was given a 40-pound lifting limitation and was considered for an epidural steroid injection. She was recommended to continue Xanax.

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 for the low back three times a week for three weeks:

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

The Claims Administrator based its decision on the ACOEM 2004 OPMG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. The guidelines further endorse tying extension of treatment to clear demonstration of functional improvement. The records submitted for review do not include documentation of functional improvement through prior physical therapy. The employee has seemingly failed to return to regular duty work and work restrictions remain in place. The employee continues to use analgesic and adjuvant medications such as Norco and is now pursuing epidural steroid injection therapy. These facts demonstrate a lack of functional improvement as defined by the guidelines in terms of work status, work restrictions, and/or diminished reliance on medical treatment. **The request for physical therapy for the low back three times a week for three 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,

Paul Manchester, MD, MPH
Medical Director

cc:



/sab

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.