

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested additional 6 physical therapy sessions for neck and low back (2 times a week for 3 weeks) **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/14/2013 disputing the Utilization Review Denial dated 5/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/14/2013. 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 additional 6 physical therapy sessions for neck and low back (2 times a week for 3 weeks) **are 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 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 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 June 12, 2013.

“This is an appeal of a preauthorization request, which was previously denied. The previous review noted the following: The date of injury is 1/29/13. The patient is a 60 year old female. The diagnosis provided is neck and back strains and head injury. The mechanism of injury is not documented. This is a request for additional supervised rehab of 6 sessions.

“5/17/13 neurology note reviewed. The patient reports ongoing head ache and dizziness. On examination, the neck has tenderness but normal ROM and the low back has no tenderness and normal ROM. The patient was approved for 6 sessions of PT on 4/9/13. The request is for PT 2x3 weeks for Neck and Low Back.

“There is documentation of a previous adverse determination for lack of functional deficits, lack of transition into an independent home exercise program.

“6/6/13 supplemental report indicates persistent neck and low back pain. Physical exam demonstrates cervical and lumbar tenderness and spasm, limited lumbar and cervical range of motion, slow and imbalanced gait. Treatment to date has included 18 physical therapy visits.”

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 Documentation by [REDACTED] (dated 4/10/13 to 6/12/13)
- Request for Authorization by Dr. [REDACTED] (dated 6/6/13)
- Employee's Physician Progress Reports by [REDACTED] M.D. (dated 2/1/13 to 6/6/13)
- Employee's Medical Records by [REDACTED] (dated 4/9/13 to 6/18/13)
- Employee's Medical Records by [REDACTED] (dated 2/1/13 to 3/21/13)
- Employee's Medical Record by [REDACTED], M.D. (dated 2/14/13)
- Employee's Medical Record by [REDACTED] (dated 2/12/13)
- Employee's Medical Records by [REDACTED] M.D. (dated 2/8/13 to 2/14/13)
- Employee's Medical Record by [REDACTED] [REDACTED] (dated 2/26/13)
- Employee's Medical Records by [REDACTED] (dated 1/29/13)
- Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99)

1) Regarding the request for 6 additional physical therapy sessions for neck and low back (2 times a week for 3 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) Guidelines, 2nd Edition, (2004) – Pain, Suffering, and the Restoration of Function Chapter (page 114), which is not part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99), which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/29/2013 and experienced neck and back strains and a head injury. The employee requested and received 6 physical therapy sessions. This is a request for an additional 6 physical therapy sessions.

The employee's medical records received and reviewed did not show evidence of objective and functional gains, improvement with daily life activities, or discussions regarding return to work as a result of previous prescribed physical therapy treatment. Also, the requested additional physical therapy sessions exceed the amount recommended in the guideline. The requested 6 additional physical therapy sessions for neck and low back (2 times a week for 3 weeks) are 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

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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.