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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 additional physical therapy sessions for lumbar spine (2 times a week for 3 weeks) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/1/2013 disputing the Utilization Review Denial dated 6/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/1/2013. 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 6 additional physical therapy sessions for lumbar spine (2 times a week for 3 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 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.

The claimant has been noted to have had persistent low back pain since unloading a very heavy granite counter top out of a car on 2/12/13. The claimant has since had persistent back pain and tenderness, including at the right sacroiliac joint. The claimant has had a positive Patrick test documented on the right side. Again the claimant has undergone at least 10 therapy visits. Most recently the claimant has had documentation of spasms and painful range of motion at the lumbar spine. The claimant has been most recently noted to have some "weakness" now with right quadriceps and the right tibialis anterior compared with left side. The claimant has been considered as having the possibility of stenosis and/or disc herniation and has "failed all other conservative treatments to date including a Medrol-Dosepak." The claimant has been considered for additional therapy and an MRI scan of the lumbar spine. I spoke telephonically to PA, [REDACTED] on 6/12/13 at 11 a.m. PT, who agreed that additional supervised physical therapy is not reasonable or medically necessary based on the lack of progress from the prior therapy administered. We also discussed that an MRI of the lumbar spine is reasonable and medically necessary due to the subjective and persistent objective findings, including apparent neurologic deficit. Therefore, formal supervised therapy is not reasonable or medically necessary at this time based on the lack of prior progress and an MRI of the lumbar spine is reasonable and medically necessary due to development of current neurologic symptoms and exam abnormalities and the condition having been resistant to prior treatments.

### **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 Determination by [REDACTED] (dated 6/12/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 12, pages 308-310
- Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy section
- Chronic Pain Medical Treatment Guidelines (2009), pages 98-99

*Note: The Claims Administrator did not submit medical records in this case.*

**1) Regarding the request for 6 additional physical therapy sessions for lumbar spine (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, 2<sup>nd</sup> Edition, (2004) and Chronic Pain Medical Treatment Guidelines, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines – Low Back Chapter, which is not part of the 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), pages 98-99, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/12/2013 and has experienced persistent back pain and tenderness. The employee has had 10 physical therapy sessions, but the medical records received and reviewed still indicate spasms and painful range of motion in the low back. A request was submitted for 6 additional physical therapy sessions.

There were no medical records submitted in this case. The Expert Reviewer based his/her decision on the patient's condition as described in the utilization review (UR) determination. The UR indicated the employee has already had 10 physical therapy sessions without any documented functional improvement. The request for 6 additional physical therapy sessions for lumbar spine (2 times a week for 3 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  
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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.



