

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	4/14/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011111

- 1) MAXIMUS Federal Services, Inc. has determined the request for lumbar/sacral LSO - CT LSO back brace **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy: three (3) times a week for four (4) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 lumbar sacral LSO - CT LSO back brace **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy: three (3) times a week for four (4) 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 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:

All medical, insurance, and administrative records provided were reviewed. The patient is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of April 14, 2013. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; unspecified amounts of extracorporeal shockwave therapy; and extensive periods of time off of work. In an August 6, 2013 utilization review report, the claims administrator denied a request for physical therapy and a lumbar brace. The patient's attorney subsequently appealed. In a handwritten note, not clearly dated, possible dated August 27, 2013, the attending provider writes that the patient is off of work, on total temporary disability, reports ongoing neck, mid back, and bilateral shoulder pain. The patient is asked to obtain acupuncture, extracorporeal shockwave therapy, physical therapy, and continuous cooling unit while remaining off of work, on total temporary disability.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for lumbarsacral LSO - CT LSO back brace:

The Medical Treatment Guidelines 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), Low Back Complaints, Chapter 12, which is part of the MTUS, and the Official Disability Guidelines (ODG), Back Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pg. 301, which is part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 12, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the employee is several months removed from the date of injury. The employee is no longer in the acute phase of the injury. Continued usage of a lumbar support is not indicated in this context. Therefore, the request remains non-certified, on independent medical review. **The request for lumbarsacral LSO - CT LSO back brace is not medically necessary or appropriate.**

2) Regarding the request for additional physical therapy: three (3) times a week for four (4) weeks:

The Medical Treatment Guidelines 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 9, pages 203 – 204, which are part of the MTUS, and the Official Disability Guidelines (ODG), Shoulder Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Initial Approaches to Treatment, Chapter 3, pg. 5, which is part of the MTUS.

Rationale for the Decision:

The employee has had prior unspecified amounts of physical therapy over the life of the claim. There is, however, no evidence of functional improvement as defined in MTUS 9792.20f, which might justify further therapy. The fact that the employee remains off of work, on total temporary disability, and is pursuing numerous other treatment modalities in parallel, including acupuncture, extracorporeal shockwave therapy, etc., implies a lack of functional improvement as defined in the MTUS 9792.20f. It is further noted that the documentation on file is handwritten, not entirely legible, and does not clearly define or state goals for further physical therapy. Provision of clear treatment goals is, per the MTUS-adopted ACOEM guidelines in chapter 3, needed to increase the value of

physical therapy. **The request for additional physical therapy: three (3) times a week for four (4) weeks is not medically necessary or 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: 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.