

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/16/2013
Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 5/12/2008
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011665

Dear Law Offices of [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
dso

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 the employee/employee representative
- No medical records were submitted by the Claims Administrator.
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 55 year old female who reported an injury on 5/12/2008. The mechanism of injury was indicated as a slip and fall with the patient injuring her lower back. The patient's current diagnosis is status post lumbar spinal fusion. Notes indicate that the patient underwent posterior lumbar interbody fusion at L4-5 on 6/03/2011 and posterior lumbar interbody fusion at L3-4 and L4-5 as well as L5-S1 on 9/18/2012. This was followed by a course of postoperative therapy. Notes indicate that the patient has since had an exacerbation of pain and on 7/29/2013 underwent epidural steroid injection which provided significant benefit and decreased the patient's leg pain as well as back pain. The patient was evaluated on 9/24/2013 with recommendation for the patient to undergo postoperative physical therapy as well as work hardening 2 times a week for 3 weeks.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical therapy two times per week for four weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99 and the Postsurgical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer's decision rationale: California MTUS Postsurgical Guidelines recommend 34 treatments of therapy over 16 weeks following fusion within a total treatment period of 6 months. Per the medical records submitted for review, the employee underwent a lumbar interbody fusion at L3-4, L4-5, and L5-S1 on 09/18/2012, more than one year ago. Therefore, the California MTUS Chronic Pain Guidelines will take precedence. Treatment is recommended at a maximum of 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review indicates the employee underwent epidural steroid injection on 7/29/2013 with significant benefit in treating the patient's leg and low back pain. Notes indicate that the employee does continue to have stiffness and decreased range of motion despite postoperative care and that the employee has not completed the regimen of postoperative care. Since the date of fusion, the employee has developed subsequent low back pain for which the employee underwent an epidural steroid injection with good benefit noted. The current request for physical therapy 2 times a week for 4 weeks is not supported as the employee is educated in a home exercise program and has been recommended by the treating physician to continue to utilize the stretching exercises. Furthermore, the request for additional physical therapy is made in conjunction with a note that the employee has not completed postoperative therapy; however, this is not corroborated in the clinical notes received for review. Finally, there is a lack of exceptional factors noted for the employee to continue with physical therapy versus a home exercise program from which the employee may derive further benefit, especially in light of the success noted from the prior epidural steroid injection. **The request for 8 additional physical therapy sessions is not medically necessary and appropriate.**

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.

[REDACTED]
[REDACTED]
[REDACTED]