

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/2/2013

Date of Injury:

3/22/2012

IMR Application Received:

8/12/2013

MAXIMUS Case Number:

CM13-0012582

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/1/2013. 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 **physical therapy 2 times a week for 4 weeks for the lumbar spine 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.

### **Expert Reviewer Case Summary:**

The patient was injured on 3/22/2012. The patient has been diagnosed with persistent low back pain status post lumbar laminectomy and decompression. As of 6/21/2013, follow-up notes indicate that the patient was working modified duty with lifting restrictions of 20 pounds and that the patient was awaiting authorization of therapy to reduce discomfort and return to regular duty. A prior review notes the patient previously received 28 physical therapy sessions and that 8 additional physical therapy sessions have been requested. The medical review notes that the records did not contain clinical documentation regarding recent objective assessment of functional improvement and that there was minimal documentation regarding a specific physical therapy plan or rationale as to why an independent home therapy program would not be appropriate.

### **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 physical therapy 2 times a week for 4 weeks for the lumbar spine:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, Spinal Stenosis Section, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, recommend, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...allow for fading of treatment frequency plus active self-directed home Physical Medicine." These treatment guidelines therefore anticipate that the employee would have transitioned by now to an active independent home rehabilitation program, particularly given the employee's extensive past physical therapy. If additional physical therapy were desired, such as to work towards specific vocational/functional goals, then the treatment guidelines would anticipate specific documentation of the particular goals and methods of further therapy. However, at this time, the medical records do not provide a rationale as to what specific physical therapy methods or goals would be proposed which could not be achieved instead through an independent active home rehabilitation program. Therefore, at this time the medical records do not support the requested treatment as medically necessary. **The request for physical therapy 2 times a week for 4 weeks for the lumbar spine 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: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.