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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/24/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/23/2013
Date of Injury:	7/13/2004
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0013372

Dear [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]

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 & Rehabilitation, has a subspecialty in Pain 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 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 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:

The claimant is a 57-year-old gentleman injured on 07/13/2004. Most recent assessment is from 09/09/2013 when the claimant saw [redacted], MD, for current complaints of thoracic and lumbar pain with radiating bilateral lower extremity complaints. Medication use at that date included Lyrica, Norco, and Zanaflex. Reviewed were diagnostic studies including a positive L4-5 and L5-S1 discogram from 01/2010, as well as 04/2013 radiographs of the thoracic and lumbar spine that showed a prior L4-5 and L5-S1 anterior fusion with cage placement in good overall position. Repeat radiographs of 08/01/2013 also indicated good position. The claimant's fusion surgery is noted to have taken place in 2010. Physical examination at that date was "deferred." Diagnoses were of: (1) status post L4-S1 fusion; (2) residual lower extremity paresthesias; and (3) thoracic disc degeneration. Recommendations from the treating physician at that date were for continuation with a home exercise program and continuation of medications as described. A muscle stimulator was also recommended for anti-inflammatory purposes.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical Therapy 2 x week for 4 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the California MTUS Treatment Guidelines, the role of physical therapy in the chronic pain setting is not supported at this time. While guidelines do recommend the role of physical therapy for acute exacerbation of flares of chronic conditions, there is nothing in this employee's clinical presentation indicating need for formal physical therapy assessment. The employee's physical exam at last clinical visit was "deferred." No documentation of acute findings noted. The treating physician's plan was for continuation of a home exercise program, not indicating any new or current complaints. At this stage in the employee's chronic course of care, the employee should be well-versed in home exercises that would include core strengthening, lumbar exercises, and lower extremity strengthening exercises for both endurance and mobility, that the acute need of formal physical therapy would not be indicated based on the employee's current clinical presentation. The employee's fusion radiographs do not show significant findings, and as stated, no formal physical examination findings are indicated. **The request for physical therapy 2 x week for 4 weeks is not medically necessary and appropriate.**

/JR

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]

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