

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 4/12/2013
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015814

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: OVERTURN. This means we decided that all 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 and Rehabilitation, has a subspecialty in Neuromuscular 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 patient states on 04/12/13, while he was doing his work as a production worker he was lifting and turning when he began feeling pain in the lower back and mid back area. The pain would shoot into the legs greater on the right side. The patient reported this and continued regular duty but eventually could not and he ultimately was referred to Dr. [REDACTED] who performed X-rays. Initially, the patient was kept on regular duty but eventually he was taken off work for almost three weeks and then released to light duty. During this time from 4/17/13 -5/2/13 the patient underwent six visits to physical therapy, which did not help. He felt that the physical therapy was making his condition worse. At a 7/25/13 visit patient felt overall pain has improved but not completely. He still had significant difficulty with activities of daily living. At that visit his physician recommended another 6 visits of PT (for a total of 18) due to the fact that patient overall felt better since his work duty was modified. An office note from August 20, 2013 from Dr. [REDACTED], neurosurgeon, stated that conservative care was appropriate as patient is clinically improving. Patient's diagnoses was lumbar disc degeneration, lumbar radiculopathy, herniated nucleolus pulposes. The issue at hand was whether 12 PT visits for the lumbar spine and lower extremity were medically necessary/appropriate between 8/7/13 and 9/21/13.

IMR DECISION(S) AND RATIONALE(S)

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

1. Twelve (12) physical therapy visits for the lumbar spine and lower extremity between 8/7/2013 and 9/21/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 302 and 310, which is part of the MTUS and the Chronic Pain Medical Treatment Guidelines, subacute delayed recovery, page 6, which is part of the MTUS. The Physician Reviewer also cited the Official Disability Guidelines (ODG): Preface/Physical Therapy Guidelines, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate "Under treatment of pain and/or unrealistic expectations may play a role in delayed recovery. However, the subacute phase is a critical time for the injured worker, as additional time away from work may result in adverse medical, familial, economic, and psychological consequences (including overtreatment, depression and/or anxiety, which can exacerbate pain complaints). B, the working diagnosis and treatment plan should be reconsidered..." The medical records provided for review indicate that the employee continued to have pain during the initial 6 sessions of physical therapy (PT), during the acute phase with severe pain, and did not have improvement until the employee's work duty was modified. The employee's work duty involved lifting and turning in the employee's job as a production worker. It is reasonable to undergo another 6 sessions of PT for the lumbar spine and lower extremity (total of 12). **The request for twelve (12) physical therapy visits for the lumbar spine and lower extremity between 8/7/2013 and 9/21/2013 is medically necessary and appropriate.**

/sh

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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