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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

854
[redacted]

Dated: 12/18/2013

IMR Case Number:	CM13-0017884	**Date of Injury:**	08/25/2005
Claims Number:	[redacted]	**UR Denial Date:**	08/27/2013
Priority:	STANDARD	**Application Received:**	08/28/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PT 2X4 C SPINE AND PAIN CONSULT/NOT CERTIFIED BY PA			

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: PARTIAL OVERTURN. This means we decided that some (but not 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 Rehabiliatation 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 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:

The patient is a 62 year-old male who has a date of injury on 11/21/08. The patient's diagnoses include cervical and lumbar discopathy. The progress report dated 8/21/13 by [redacted] D.C. noted that the patient reported increased low back pain for the past 2 weeks. No objective findings were noted. Authorization for therapy 2 x 4 and a M.D. consult for pain medication were requested.

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 times a week for 4 weeks for the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines (American College of Occupational and Environmental Medicine), Chapter 2, which is a part of the MTUS.

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

The Physician Reviewer's decision rationale:
A review of the records indicates that the progress report dated 8/21/13 by the provider, noted that the employee reported increased low back pain for the past 2 weeks. No objective findings were noted. Authorization for therapy 2 x 4 was requested. The medical records provided for review did not include any documentation of prior

treatment history. The utilization reviewer referred to the requested therapy as 8 additional PT treatments. I agree with the reviewer that there is no indication as to how much treatment this claimant has received and the response to that treatment. Although the 8 requested visits do not exceed the recommended number of visits supported by MTUS (pg. 89), 9-10 visits over 8 weeks for myalgia and myositis, the submitted documentation is insufficient to support the request for additional therapy. **The request for physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary and appropriate.**

2. A pain consult is medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the ACOEM Guidelines (American College of Occupational and Environmental Medicine), Chapter 7, pg 127, regarding referrals, which is a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable.
Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

The Physician Reviewer's decision rationale:
A review of the records from the provider and the progress report dated 8/21/13, noted that the employee reported increased low back pain for the past 2 weeks. Authorization for a M.D. consult for pain medication was requested. MTUS does not discuss referral for medication management consultation. ACOEM guidelines page 127 states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present pain, or when the plan or course of care may benefit from additional expertise. Prescribing medication is outside the treater's scope of practice, therefore a medical referral would be supported by the guideline noted above. **The request for a pain consult is 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.

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