

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	4/2/2012
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001238

- 1) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy two times per week for six weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 post-operative physical therapy two times per week for six weeks **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

"This is a 27 year old male with a date of Injury of 4/02/12 after carrying a heavy truss. Diagnosis was chronic compression fracture T6, T7, and T8, herniated nucleus pulposus thoracic spine, multiple herniated nucleus pulposus of the lumbar spine and facet arthropathy of the lumbar spine. The MRI of the lumbar spine, dated 06/07/12, revealed degenerative disc disease with facet arthropathy and retrolisthesis at L5-S1, central L5-S1 inferiorly migrating disc extrusion displacing the left greater than the right S1 nerve roots with moderate canal stenosis with mild caudal left neuroforaminal narrowing and mild caudal right neuroforaminal narrowing. On 05/15/13, Dr. [REDACTED] saw the claimant for complaints of mid and low back pain and bilateral lower extremity symptoms of 8/10. He stated his condition was worsening and was considering surgery. He noted numbness and tingling, pain, weakness and left side equal to right. He was doing a home exercise program. Examination revealed antalgic gait, decreased sensation to right L3, L5 and S1 dermatomes, decreased sensation left L5 dermatomes, left TA, extensor hallucis longus, inversion and eversion strength of 4+/5 and right TA, extensor hallucis longus, inversion and eversion was 5-/5 strength. Bilateral straight leg raise was to 80 degrees for low back pain extending to the knee. Lasegue and slump tests were positive bilaterally. Dr. [REDACTED] stated the MRI showed disc extrusion with neuroforaminal narrowing bilateral at L5-S1. The plan was for microlumbar decompressive surgery at L5-S1 and 12 physical therapy sessions. The claimant has been treated with 24 chiropractic sessions, acupuncture for no relief, physical therapy, and 04/04/13 epidural steroid injection for no relief, Tramadol, Flexeril, and Naproxen. The requested postoperative physical therapy is more than the "usual", the request for one half of the postsurgical visits. This would need to be modified to eight with reevaluation to assess response. Pertinent Guidelines & References California MTUS; 2009, Post Surgical Rehabilitation, lumbar "Initial course of therapy" means one half of the number of visits specified in the general course of

therapy for the specific surgery In the postsurgical physical medicine treatment recommendation Physical therapy Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Date Of Service Physician or Provider Type Of Service.”

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 for Independent Medical Review dated 7/12/2013
- Utilization Review Determination provided by [REDACTED] dated 7/02/2013
- Medical records were not provided for this review. All information available are contained within the UR
- California MTUS Post Surgical Guidelines, 2009, Low Back, Physical Medicine Treatment

1) Regarding the request for physical therapy two times per week for six weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California MTUS Post Surgical Guidelines, 2009, Low Back, Physical Medicine Treatment, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

On 4/02/2012, the employee injured the mid and low back while carrying a heavy object. The diagnosis was chronic compression fracture of T6, T7, and T8, herniated nucleus pulposus thoracic spine, multiple herniated nucleus pulposus of the lumbar spine and facet arthropathy of the lumbar spine. The employee was treated with chiropractic, acupuncture, physical therapy, epidural steroid injection on 4/04/13, and medication with no relief. There were no medical records provided for review and no post surgical report to confirm a previous surgery had been performed. Per the UR determination, dated 7/02/2013, the most recent report from the treating provider, dated 5/15/2013, indicated that the employee’s condition was worsening and he was considering surgery. The request was made for postoperative physical therapy of two times per week for six weeks.

MTUS Post Surgical Guidelines, 2009, Low Back, Physical Medicine Treatment supports an “initial course of therapy” of one half of the number of visits specified in the general course of therapy for the specific surgery. There is nothing in the submitted documents indicating surgery has been done, what type was done, the date surgery occurred, or any other reason for the requested treatment. The

request for post-operative physical therapy two times per week for six weeks 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.