
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	4/2/2013
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001619

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions for the cervical spine, low back, and right knee (3 times a week for 4 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 90 units of Vicodin (5/500 mg) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 12 physical therapy sessions for the cervical spine, low back, and right knee (3 times a week for 4 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 90 units of Vicodin (5/500 mg) **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 Physician Advisor Recommendation Document by [REDACTED] dated July 12, 2013.

This patient injured her right knee, lower back and cervical spine in April, 2013. She has a history of two back procedures including a previous lumbar fusion in 1992. She was treated initially with medications, a knee support and heat. She continued to have pain in the knee as well as the low back and the right arm. She had physical therapy, chiropractic therapy and acupuncture. She was referred to Dr. [REDACTED] Orthopedist, whom she saw on May 29, 2013. Dr. [REDACTED] opined that the patient should have an MRI of her cervical spine; if she has compression, then she would be a candidate for epidural steroid injections. The patient apparently requested narcotic medication which Dr. [REDACTED] did not prescribe. He did give her a prescription for Celebrex and one for Soma. He opined that the patient had widespread complaints and might have some supratentorial issues. The patient was then seen by Dr. [REDACTED] Rehabilitation physician, on June 24, 2013. His report is handwritten and states that the patient has neck pain, low back pain and constant right knee pain with occasional giving out. This is a request for twelve visits of physical therapy for the cervical and lumbar spines and right knee. Our nurse consultant called Dr. [REDACTED] office and sent a request for information notice to him requesting medical necessity for this therapy and subjective and objective symptoms to support this as well as information as to how many previous visits the patient has had. No additional information was received. This request was denied for lack of information.

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
- Utilization Review Documentation by [REDACTED] (dated 7/8/13 to 8/8/13)
- Medical Records by [REDACTED] (dated 6/24/13 to 7/24/13)
- Medical Records by [REDACTED] (dated 4/2/13 to 7/31/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 12 physical therapy sessions for cervical spine, low back, and right knee (3 times a week for 4 weeks):

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 8, page 174 and Chapter 12, page 174, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee injured the right knee, low back, and cervical spine on 4/2/2013. The employee has experienced neck pain, low back pain, and constant right knee pain with occasional instability. Treatment noted in the medical records received and reviewed has included physical therapy, chiropractic therapy, acupuncture, and medications (Celebrex and Soma). A request was submitted for 12 physical therapy sessions for the cervical spine, low back, and right knee (3 times a week for 4 weeks).

The medical records submitted for review do not include significant objective findings of pain to the neck, low back, and right knee. Specifically, there are no documented objective findings such as range of motion deficits or strength deficits that can be related to the cervical spine, thoracic spine, and/or right knee. The documentation submitted does not support the request. The request for 12 physical therapy sessions for the cervical spine, low back, and right knee (3 times a week for 4 weeks) is not medically necessary and appropriate.

2) Regarding the request for 90 units of Vicodin (5/500 mg):

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert

Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Opioids section, which is part of the MTUS.

Rationale for the Decision:

The employee injured the right knee, low back, and cervical spine on 4/2/2013. The employee has experienced neck pain, low back pain, and constant right knee pain with occasional instability. Treatment noted in the medical records received and reviewed has included physical therapy, chiropractic therapy, acupuncture, and medications (Celebrex and Soma). A request was submitted for 90 units of Vicodin (5/500 mg).

The medical records submitted for review do not include objective and subjective findings to support this medication. Specifically there is no baseline pain and functional assessment available for review and there is no indication that the employee has failed lesser medications. The documentation submitted does not support the request. The request for 90 units of Vicodin (5/500 mg) 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

/dj

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.