
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 4/4/2011
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001671

- 1) MAXIMUS Federal Services, Inc. has determined the request for Physical Therapy; one to two times a week for four weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Acupuncture; one to two times a week for four weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for sleep studies **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 Physical Therapy; one to two times a week for four weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Acupuncture; one to two times a week for four weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for sleep studies **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer 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:

“The patient was injured on 4/4/11. As of 6/18/13, complaints include lumbar spine and bilateral ankle pain as well as loss of sleep due to pain. On exam, there is decreased range of motion and tenderness with positive Kemp's, bilateral SLR, and bilateral ankle inversion test. 12117/12 AME identifies that the patient has received PT.”

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 (received 07/16/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule(MTUS)

1) Regarding the request for Physical Therapy; one to two times a week for four weeks :

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

The Claims Administrator based its decision on the ACOEM Guidelines, 2nd Edition (2004), Low Back, Chapter 12, page 303 and The Chronic Pain Medical Treatment Guidelines, MTUS, (2009) which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99 of 127 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/4/2011. The medical records provided and review indicate diagnoses of lumbar sprain/strain, left Achilles strain, left ankle tenosynovitis, plantar fasciitis, calcaneal spur, right ankle internal derangement, and right ankle strain. Treatments have included diagnostic studies, physical therapy, and medication management. The request is for physical therapy, one to two times a week for four weeks.

The Chronic Pain guidelines recommend 8-10 visits for myalgia and myositis. Also, the goal should be to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), and include active self-directed home physical medicine. The records reviewed indicate prior physical therapy, but the records do not indicate the number of prior visits, or frequency and timeframe of the prior visits which is needed to meet guideline criteria. The request for physical therapy, one to two times a week for four weeks **is not medically necessary and appropriate.**

2) Regarding the request for Acupuncture; one to two times a week for four weeks:

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines which are part of 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:

The employee sustained a work-related injury on 4/4/2011. The medical records provided and review indicate diagnoses of lumbar sprain/strain, left Achilles

strain, left ankle tenosynovitis, plantar fasciitis, calcaneal spur, right ankle internal derangement, and right ankle strain. Treatments have included diagnostic studies, physical therapy, and medication management. The request is for acupuncture, one to two times a week for four weeks.

The Acupuncture Guidelines state there should be some documented functional improvement after 3-6 sessions. The utilization review determination indicates that the employee has not had acupuncture, and that four sessions were approved for a trial to allow for documentation of functional improvement. The upper end of the treatment requested (8 sessions) exceeds the MTUS/Acupuncture guidelines. The request for acupuncture one to two times a week for four weeks **is not medically necessary and appropriate.**

3) Regarding the request for MRI of the lumbar spine :

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

The Claims Administrator based its decision on the ACOEM, 2nd Edition, (2004), Low Back, Chapter 12, Page 303 which is part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute and based his/her decision on the Official Disability Guidelines, (ODG-TWC), Lower Back and is was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 4/4/2011. The medical records provided and review indicate diagnoses of lumbar sprain/strain, left Achilles strain, left ankle tenosynovitis, plantar fasciitis, calcaneal spur, right ankle internal derangement, and right ankle strain. Treatments have included diagnostic studies, physical therapy, and medication management. The request is for MRI of the Lumbar Spine.

The Official Disability Guidelines state that repeat MRIs are indicated only if there is documentation of progression of neurologic deficit. The records reviewed do not document a description of the mechanism of onset of the lower back condition; there is no discussion of traumatic or non-traumatic onset, exacerbation, or progression. The only medical report available for this IMR is the 4/23/13 PR2 which does not mention a positive straight leg raise. There is a utilization review report dated 6/7/13, where the reviewer noticed that the patient already has a lumbar MRI dated 8/28/12 showing desiccation at L5/S1. The request for an MRI of the lumbar spine **is not medically necessary and appropriate.**

4) Regarding the request for sleep studies :

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

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG)(2009) Pain Chapter, Polysomnography which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator.

The Expert Reviewer stated the MTUS did not address the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 4/4/2011. The medical records provided and review indicate diagnoses of lumbar sprain/strain, left Achilles strain, left ankle tenosynovitis, plantar fasciitis, calcaneal spur, right ankle internal derangement, and right ankle strain. Treatments have included diagnostic studies, physical therapy, and medication management. The request is for sleep studies.

The Official Disability Guidelines on sleep studies, state: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." In this case, the only medical report received for review dated 4/23/13, does not discuss behavior intervention, medications, duration, or frequency of insomnia. The request for sleep studies **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

/pas

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.