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**Notice of Independent Medical Review Determination**

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 5/12/2010  
IMR Application Received: 7/16/2013  
MAXIMUS Case Number: CM13-0001732

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 3 weeks for a total of 6 visits **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a MRI of the lumbar spine **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 7/1/2013. 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 physical therapy 2 times a week for 3 weeks for a total of 6 visits **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a MRI of the lumbar spine **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 1, 2013:

“Primary treating physician’s progress report dated 06/04/13 indicates that the claimant has had a flare-up of pain in the neck, mid back and low back. The claimant had a few physical therapy visits recently. The claimant has had flare-up of pain and has radicular pain down the leg and arms as well as weakness. The claimant does some exercises at home and a home exercise program that helps temporarily. On exam, there is positive straight leg raise in the right knee at 45 degrees, tenderness at L3 through L5 and associated paraspinal muscles and positive Spurling’s test bilaterally. The provider recommends updated MRI of cervical spine and lumbar spine and short course of physical therapy. The claimant is permanent and stationary.”

### **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 7/16/13)
- Utilization Review Determination (dated 7/1/13)
- Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine pgs. 98-99

- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, section “Special Studies and Diagnostic and Treatment Considerations, pg. 303
- Medical Records from [REDACTED] (dated 1/20/12-7/29/13)
- Anatomical Impairment Measurements Report from [REDACTED] (dated 1/17/12)
- Second Treating Physician’s Comprehensive and Pain Management Re-examination and Report from [REDACTED], MD (dated 4/4/13)
- Primary Physician’s Progress Report and Request for Authorization from [REDACTED], D.C., QME (dated 6/4/13)
- MRI of Cervical Spine and Lumbar Spine reports from [REDACTED] (dated 1/12/12)
- Medical Records from [REDACTED] (dated 3/20/13)
- Toxicology Report from [REDACTED] (dated 4/12/13)
- Orthopedic follow-up Evaluation from [REDACTED], D.O. (dated 4/1/13)

**1) Regarding the request for physical therapy 2 times a week for 3 weeks for a total of 6 visits :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, pgs. 98-99, part 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/12/10 the employee sustained a work related injury to the lower back. A review of the medical records submitted indicates treatment has included: acupuncture, physical therapy and chiropractic treatment to his neck and back. A submitted report dated 6/4/13 indicates the employee had a flare-up of pain in his neck, mid back and lower back. A request was submitted for six (6) sessions of physical therapy and an MRI of the lumbar spine.

MTUS Chronic Pain Guidelines state passive therapy “can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries”. A review of the medical records indicates the employee had a recent exacerbation which is deemed as a new “early phase of pain treatment”. Therefore the request for physical therapy 2 times a week for 3 weeks for a total of 6 visits **is medically necessary and appropriate.**

## 2) Regarding the request for a 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, pg. 303, part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (current version), Low Back Procedure Summary, which is not part 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 applicable and relevant to the issue at dispute.

### Rationale for the Decision:

On 5/12/10 the employee sustained a work related injury to the lower back. A review of the medical records submitted indicates treatment has included: acupuncture, physical therapy and chiropractic treatment to his neck and back. A submitted report dated 6/4/13 indicates the employee had a flare-up of pain in his neck, mid back and lower back. A request was submitted for six (6) sessions of physical therapy and an MRI of the lumbar spine.

ACOEM Guidelines indicate when a neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. A submitted and reviewed medical report dated 6/14/13, indicates weakness in the leg and arm but these findings are non-specific and do not indicate a nerve dysfunction of a specific nerve root. The guidelines do not support an MRI of the lumbar spine in this case. The request for an MRI of lumbar spine **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  
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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.