

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/1/2013

Date of Injury:

4/15/1985

IMR Application Received:

7/24/2013

MAXIMUS Case Number:

CM13-0002798

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy including aqua therapy two times a week for six weeks to lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **consult and treat L5-S1 transforaminal epidural steroid injection is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 including aqua therapy two times a week for six weeks to lumbar spine** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **consult and treat L5-S1 transforaminal epidural steroid injection** is **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, has a subspecialty in Interventional Spine 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.

### Expert Reviewer Case Summary:

The patient is currently 58 years-old. She is right-handed, about 5'11", 277 lbs. She had an industrial injury in 1984 and 1985. On 7/18/1984 she was working as a clerk, stocking shelves and was on her break and slipped and fell injuring her back and RLE (right lower extremity). On 4/15/1985 she pushed a cart and had back and RLE pain. She was diagnosed with RA (rheumatoid arthritis) in 1999 affecting the left hand, shoulder and both knees. She was found to have 11.1mm listhesis at L5 on S1 increasing to 14.6mm on flexion, and 2-mm anterior translation of L4 on L5 in flexion and 4-mm posterior translation with extension, total of 6-mm movement at L4/5. She underwent 2-level fusion in 2011, then had a revision on 7/16/12. The surgeon noted right-sided foraminal stenosis of L5/S1 on the 7/16/12 operative report.

The IMR application shows the patient is disputing the 7/1/13 UR decision on PT/aquatic therapy 2x6 and consult/treatment with L5/S1 TFESI. The 7/1/13 UR letter is by [REDACTED] in response to the 6/3/13 medical report. The 6/3/13 report is by [REDACTED] and states the patient has been going through PT and that it helps. She says she is working on the weakness in the right leg that she had since the surgery (she had decompression in 8/2012, and some hardware removal. Previously had 2-level AP fusion). She still had radiculopathy. He discusses an L5/S1 TFESI (transforaminal epidural steroid injection) because the pain is consistent with L5 distribution. Numbness to the sole of the right foot. PT note from 5/30/13 shows 11 of 12 visits, noting small improvements. PT notes SLR (straight leg raise) positive right at 40 degrees, and also the left SLR at 45 degrees produces pain down the right leg.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

#### **1) Regarding the request for physical therapy including aqua therapy two times a week for six weeks to lumbar spine:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, pages 22, 98 & 99, which is part of the MTUS.

##### Rationale for the Decision:

The MTUS Chronic pain guidelines recommend aquatic therapy as an option, and then refer readers to the physical medicine section for the recommended number of visits. The physical medicine section of MTUS states for neuralgias or radiculitis, 8-10 visits are recommended. The medical records provided for review indicate the employee had 11 of 12 physical therapy (PT) sessions by 5/30/13 which have exceeded the number the PT visits recommended by the guidelines. The request for an additional 12 sessions of PT would also exceed MTUS recommendations. **The request for physical therapy including Aqua therapy two times a week for six weeks to lumbar spine is not medically necessary and appropriate.**

#### **2) Regarding the request for consult and treat L5-S1 transforaminal epidural steroid injection:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, Epidural Steroid Injections, page 46, which is a part of the MTUS.

Rationale for the Decision:

The MTUS Guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records provided for review indicate the employee has current exam findings consistent with right L5 radiculopathy. This was noted by the primary treating physician (PTP), and the physical therapist. The MRIs from 2001 shows right-sided foraminal stenosis with L5 nerve root impingement. The employee had surgery in 2011, there was another MRI performed in 2012 that shows the right L5 pedicle screw being a little bit low and impinging on the right L5 root. There was a revision surgery on 7/16/12 and the surgeon noted right-side foraminal stenosis on his operative report. The employee appears to meet the MTUS criteria for a lumbar ESI. **The request for consult and treat L5-S1 Transforaminal Epidural Steroid Injection (TFESI) is 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,

Paul Manchester, MD, MPH  
Medical Director

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