
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

1/22/2004

7/24/2013

CM13-0003090

- 1) MAXIMUS Federal Services, Inc. has determined the request for a brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercises **is not 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 7/9/2013. 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 a brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercises **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 Occupational Medicine, 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 9, 2013:

“This patient is a 47 year old male with a date of injury of 1/22/2004. Under review is a retrospective request for one x-ray of the lumbar spine performed on 5/22/2013. The provider also made a prospective request for one brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercises.

“According to the progress report dated 5/28/2013, the patient complained of intractable back pain. Recent exam findings included tenderness, decreased cervical range of motion, normal gait, ability to walk on heels, weakness while walking on ties, difficulty with balance, normal upper extremity motor strength, normal upper extremity sensation, decreased bilateral upper extremity reflexes, a well-healed incision below the umbilicus, decreased lumbar range of motion, decreased motor strength in bilateral lower extremities, decreased sensation in the left lateral thigh, decreased left knee range of motion, and a negative McMurray’s test. The patient was diagnosed with cervical sprain/strain, cervical spondylosis at C4-C6, status anterior lumbar interbody fusion at L4-5 with delayed union and probable.”

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 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Medical Records from the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for a brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercises :

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

The Claims Administrator did not provide any evidence for their decision. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, which is part of the Medical Treatment Utilization Schedule (MTUS), as applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/22/2004 the employee sustained an industrial related injury to the low back. A review of medical records indicates treatments have included: analgesic medications, radiofrequency rhizotomy, unspecified amounts of physical therapy, trigger point injections, lumbar spine surgery, and a CT scan. A report dated 7/3/13 indicates that the employee is experiencing persistent neck, low back and left knee pain with sleep disturbance and psychological stress. A request was submitted for a brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercises.

MTUS Chronic Pain Guidelines support a general course of 9 to 10 sessions of physical therapy treatment for myalgias and/or myositis of various body parts. The medical records submitted for review do not indicate how much cumulative therapy the employee has had over the life of the claim. There is no evidence of functional improvement following completion of physical therapy sessions. The records indicate the employee remains off of work on total temporary disability. There is no evidence of improved performance of activities of daily living and/or diminished reliance on medical treatment. The request for a brief course of physical therapy with soft tissue modalities and very gentle neutral spine core strengthening exercise **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

/db

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.