

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	9/16/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003091

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 3 times a week for 4 weeks to the lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 3 times a week for 4 weeks to 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 16, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; blood pressure lowering medications; attorney representation; and extensive period of time off of work.

The most recent progress report of July 10, 2013 is notable for comments that the applicant last worked on September 16, 2010. The applicant has comorbid hypertension, sleep apnea, and prostate disease. He is on Zocor, tramadol, Voltaren, Cozaar, and allopurinol. He is asked to stop all NSAIDs and resume blood pressure lowering medications for his elevated blood pressure 147/100.

A prior note of June 26, 2013 is notable for comments that the applicant remains symptomatic, exhibits limited lumbar range of motion, and should pursue additional physical therapy.

A prior physical therapy note of June 10, 2013 suggests that the applicant has had eight sessions of physical therapy in 2013 alone.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy 3 times a week for 4 weeks to the 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, Physical Medicine, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Procedure Summary, Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 8 and 99, which are part of MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines recommend 9-10 visits over 8 weeks for myalgias and/or myositis of various body parts. A review of the submitted medical records indicates that the employee has already completed 12 sessions of physical therapy (PT) in 2013, which exceeds the recommended amount of therapy per the guidelines. The medical records do not document any evidence of functional improvement following completion of the prior PT treatment to support the request for continued therapy. The medical records also note that the employee has not returned to work and is still utilizing multiple analgesic medications. **The request for physical therapy 3 times a week for 4 weeks 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,

Paul Manchester, MD, MPH
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.