

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: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	10/17/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003393

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional capacity evaluation is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS lower extremities is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 4 times 1 of the lumbar spine and right hip is 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 7/2/2013. 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 **functional capacity evaluation is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS lower extremities is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 4 times 1 of the lumbar spine and right hip 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 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 a 51 year old female with a date of injury 10/17/11 when she was coming out of parking structure her vehicle was struck on the driver's door by a big delivery truck. The patient's diagnoses include: cervical radiculopathy and lumbosacral radiculopathy. The progress report dated 6/10/13 by Dr. [REDACTED], M.D. noted that the patient complained of chronic pain in her lumbar spine with radiation to lower extremities bilaterally. Her pain level was rated at 6/10. Lumbar spine MRI of the lumbar spine dated 2/8/12 showed minimal left neural foraminal stenosis and mild bilateral lateral recess stenosis at level L5-S1 due to a 4-mm disc protrusion in the left paracentral direction. Minimal central canal stenosis at level L4-L5 is due to 4-mm broad-based disc protrusion, short pedicles, and mild ligamentum flavum redundancy. Mild degenerative changes are noted in the lower lumbar spine. Exam shows spasm and tenderness in the paravertebral muscles of the cervical and lumbar spine with decreased ROM on flexion and extension. Decreased sensation is noted in C6,C7,L5 and S1 dermatomal distributions bilaterally.

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 Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for functional capacity evaluation:

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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 137-138, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), pages 137 and 139; and the Official Disability Guidelines (ODG), Functional Capacity Evaluation, which are not part of the MTUS.

Rationale for the Decision:

The progress report dated 6/10/13 by the treating physician noted that the functional capacity evaluation was requested to systematically document the employee's current physical capacities. The employee was seen by an Agreed Medical Evaluator, on 2/11/13 and the evaluator noted at that time that the employee was working full time at her regular duties. Routine functional capacity evaluation (FCE) is not recommended per ACOEM. The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request FCE but the treater should request FCE if the information from such testing is crucial. In this case, FCE information does not appear crucial as the employee is already working. There is little scientific evidence that FCE's predict an individual's actual capacity to perform in the work place. In this case, the employee is already working and the treater does not explain why FCE information would be crucial. **The request for functional capacity evaluation is not medically necessary and appropriate.**

2) Regarding the request for NCS lower extremities:

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 ODG Low Back, NCS, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Ch. 12, pg. 303, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, NCS, which is not part of the MTUS.

Rationale for the Decision:

The employee's diagnoses include cervical radiculopathy and lumbosacral radiculopathy. ACOEM does not support NCS for low back and leg symptoms. It supports electromyography with H-reflex testing only. NCS can be helpful in differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treater. **The request for NCS lower extremities is not recommended and appropriate.**

3) Regarding the request for physical therapy 4 times 1 of the lumbar spine and right hip:

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 ODG Physical Therapy Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

It appears that this employee was suffering from a flare up of chronic lumbar pain with radiculopathy. The Agreed Medical Examiner (AME) report by the treating physician, on 2/11/13 noted that the a course of physical therapy was recommended on 1/31/13 which was pending authorization. It is unclear by the medical records if the employee underwent a course of physical therapy (PT) in 2013. The treating physician recommended that the employee receive physical therapy for future flare ups. The utilization review letter dated 7/2/13 appears to have approved the 4 sessions of PT per the guidelines and per the AME report. A brief course of PT is reasonable per MTUS guidelines which recommends 8-10 PT sessions for radiculitis. **The request for physical therapy 4 times 1 of the lumbar spine and right hip 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, 18th 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.