

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	9/22/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004522

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for four weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right L5 and right S1 Transforaminal Epidural Steroid injections **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 two times a week for four weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right L5 and right S1 Transforaminal Epidural Steroid injections **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 15, 2013:

“The patient is a male with a reported date of injury of 09/22/11. Injury involved the cervical spine, lumbar spine and right shoulder. He had a right shoulder CSI with reported benefit. The treating provider’s most recent hand-written note from 06/14/13 is illegible. The patient has had PT; it appears to be 40 sessions from records available for review. The pain management doctor noted positive bilateral straight leg raising testing and 5/5 motor strength in bilateral lower extremities. There is noted decreased sensation in the right L5 distribution. MRI performed on 02/22/13 of lumbar spine showed 2-3mm disc protrusions at L4-5 and L5-S1.”

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 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 7/15/13)
- Employee Medical Records from [REDACTED] (received 8/16/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy two times a week for four weeks:
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, no page cited, part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 09/22/2011. The medical records submitted indicate affected body parts include the cervical spine, lumbar spine, and right shoulder. The records indicate that the employee has attended as many as 40 sessions of physical therapy, and has tried acupuncture and various medications, with only moderate results, but an injection to the shoulder was noted to improve pain levels. The records note the employee continues to experience low back pain with radiating symptoms to the right lower extremity, into the knee, as well as neck pain and mild right shoulder pain. A request was submitted for physical therapy 2 times a week for 4 weeks and a right L5 and right S1 transforaminal epidural steroid injection.

The MTUS Chronic Pain guidelines recommend 8 to 10 physical therapy visits over 4 weeks for treatment of neuralgia, neuritis, and radiculitis. The medical records submitted indicate the employee has already attended 40 sessions of physical therapy, with some benefit. However, the records do not document quantified range of motion, pain scale measurements, manual muscle testing, or progression in the employee's stated treatment goals to suggest functional improvement. Furthermore, the number of sessions requested exceeds guideline recommendations. The request for physical therapy 2 times a week for 4 weeks **is not medically necessary and appropriate.**

2) Regarding the request for right L5 and right S1 Transforaminal Epidural Steroid injections:

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 (ESIs), no page cited, part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper back regarding epidural steroid injections (ESIs), a Medical Treatment Guideline (MTG), not part of the MTUS. The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, page 46, part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 09/22/2011. The medical records submitted indicate affected body parts include the cervical spine, lumbar spine, and right shoulder. The records indicate that the employee has attended as many as 40 sessions of physical therapy, and has tried acupuncture and various medications, with only moderate results, but an injection to the shoulder was noted to improve pain levels. The records note the employee continues to

experience low back pain with radiating symptoms to the right lower extremity, into the knee, as well as neck pain and mild right shoulder pain. A request was submitted for physical therapy 2 times a week for 4 weeks and a right L5 and right S1 transforaminal epidural steroid injection.

The MTUS Chronic Pain guidelines criteria for epidural steroid injections indicates that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. The medical records submitted note that the employee underwent a lumbar epidural steroid injection on 06/14/2013, which yielded only one week of improvement in pain levels. Furthermore, the medical records indicate that radicular symptoms were exacerbated following the injection. The request for a right L5 and right S1 transforaminal epidural steroid injections **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

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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.