

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: 11/5/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 6/20/2013 |
| Date of Injury: | 1/4/2013 |
| IMR Application Received: | 7/30/2013 |
| MAXIMUS Case Number: | CM13-0004696 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient physical therapy to the lumbar spine and left knee, two times a week for three weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar X-ray **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 6/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 outpatient physical therapy to the lumbar spine and left knee, two times a week for three weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar X-ray **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.

Expert Reviewer Case Summary:

The patient is a 41 year old female with a history of low back pain, left knee pain and frontal headaches who on 1/4/13 slipped on a wet floor. The patient has low back pain as constant sharp and burning pain. The patient has had 10 physical therapy (PT) and chiropractic sessions. She still has over 6/10 pain. The patient has taken opioids Cymbalta. MRI of the brain was normal. There is no documentation that therapy has improved function or decreased pain

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for** outpatient physical therapy to the lumbar spine and left knee, two times a week for three 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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, and Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Low Back, page 299 and Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Knee, exercises and initial and follow-up visits, pages 346 & 338, which are part of the MTUS.

Rationale for the Decision:

CA MTUS Chronic Pain guidelines state that for “myalgia and myositis 9-10 visits over 8 weeks are recommended.” The guides recommend limited therapy with movement into a home exercise program. The medical records provided for review document that the employee has had 10 physical therapy visits and chiropractic care without any documented evidence of functional improvement. **The request for physical therapy to the lumbar spine and left knee 2 times a week for 3 weeks is not medically necessary and appropriate.**

- 2) **Regarding the request for** lumbar X-ray:

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 MTUS 2009 ACOEM Guidelines, which is part of the MTUS.

The Expert Reviewer found based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, page 303, which is part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines state “that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for over 6 weeks. However, it may be appropriate when the physician believes it may aid in patient management.” The medical records provided for review do not document any evidence of red flags or support the need of the X-ray for patient management. **The request for a lumbar X-ray 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.