

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	2/24/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005024

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ten visits of physical therapy for the lumbar spine is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 Ten visits of physical therapy for the lumbar spine **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 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:**

Is a 45-year-old male who had industrial injury February 24, 2011. Flipped over while loosening a bolt. He has a diagnosis of chronic pain, post laminectomy syndrome, lumbar radiculitis, rotator cuff repair, biceps tendon repair 2/2012, right knee surgery 9/2012, AC joint repair 2/2013, lumbar decompression 3/2011, and anxiety and depression. MRI on 5/15/2013 shows lumbar straightening s/p hemilaminectomy minor buldges of discs mild central canal stenosis. The provider is requesting PT for a flare up of radiculitis.

### **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 Ten visits of physical therapy for 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 Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Physical medicine, page 64, which is part of MTUS.

Rationale for the Decision:

MTUS chronic pain guidelines recommend fading of physical therapy plus active self-directed home therapy. The claims administrator acknowledges the need physical therapy in this condition. However they referred to previously completed physical therapy for the knee. There is no documentation in the providers notes of previous low back physical therapy for this flare up. MTUS guidelines recommend treatment, the employee has not had prior treatment to his low back, and PT is part of the employee's functional restoration program. **The request for ten visits of physical therapy for the lumbar spine 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, 18<sup>th</sup> 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.