

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	5/9/2007
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005503

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 6 times a week for 2 weeks for the cervical spine **is not 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 7/18/2013. 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 physical therapy 6 times a week for 2 weeks for the cervical 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 Family Practice 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 52-year-old female who reported an injury on 05/09/2007. A procedure note was submitted by Dr. [REDACTED] on 08/30/2012, which indicated that the patient underwent C4 to C7 anterior discectomy with fusion under fluoroscopic imaging. The patient was seen by Dr. [REDACTED] on 01/11/2013. Physical examination revealed healing wound, and normal neurological examination of the upper extremities. The patient uses a soft collar at night. Treatment plan at that time included refills of Norco and Ultram as well as Flexeril. The patient was seen by Dr. [REDACTED] on 01/18/2013 for a followup. The patient reported 4/10 pain with the assistance of medication. Objective findings included tenderness to the cervical spine, painful and restricted cervical range of motion, a healed surgical scar in the anterior neck, radicular pain, intact sensation, 4/5 muscle strength, and 1+ and 2+ deep tendon reflexes. Recommendations include continuation of current medications, continuation of a home exercise program, and continuation of hot and cold therapy. The patient was seen by Ms. [REDACTED] on 02/22/2013. The patient continued to complain of persistent neck pain. Objective findings included 10 degrees flexion, 20 degrees extension, 45 degrees rotation, and 15 degrees lateral flexion of the cervical spine. X-rays obtained in the office on that date indicated good progress of cervical fusion. Treatment plan remained the same. An additional followup visit was conducted with Dr. [REDACTED] on 03/01/2013. The patient continued to complain of 5/10 to 8/10 pain. Objective findings revealed no significant changes, and the treatment plan remained the same. An additional followup visit was conducted with Dr. [REDACTED] on 04/16/2013. Physical examination remained the same. X-rays obtained in the office indicated good progression of the cervical fusion. Treatment plan included physical therapy. The patient was again seen by Dr. [REDACTED] on 04/23/2013 with complaints of 5/10 pain. Physical examination revealed no significant changes, and the treatment plan remained the same. Additional followup visits with Dr. [REDACTED] were conducted on 05/31/2013 and 07/26/2013. Physical examination revealed slightly limited range of motion. X-rays obtained in the office at that time each revealed good progression of the fusion.

Treatment plan included a CT scan of the cervical spine to evaluate the status of the fusion and a followup visit in 6 weeks. Additional followup visits with Dr. [REDACTED] were conducted on 06/14/2013 and 07/12/2013. The patient continued to complain of persistent neck pain. Objective findings revealed no significant changes. Treatment plan included continuation of a home exercise program and regular duty. The patient was also initiated on Percocet for breakthrough pain as well as soma twice per day as needed. A medical review was conducted on 07/18/2013 by Dr. [REDACTED] for the request of 12 physical therapy visits of the cervical spine. The request was determined as non-certified due to a lack of documentation of previous completed physical therapy sessions to date as well as functional response to those visits. The patient was then seen by Dr. [REDACTED] on 08/08/2013. The patient complained of lower back pain and poor sleep quality. Current medications included ibuprofen, Norco, Robaxin, Neurontin, tramadol, and Vicodin ES. Physical examination revealed slightly restricted range of motion secondary to pain, positive lumbar facet loading maneuver, negative straight leg raises, normal motor strength, and decreased sensation over L4 and L5 dermatomal distributions on the right side. Treatment plan included continuation of current medications. An unofficial CT scan of the cervical spine was then submitted by Dr. [REDACTED] on 08/12/2013, which indicated status post anterior fusions of bodies C4, C5, C6, and C7, a 2 mm broad-based posterior disc protrusion at C3-4 causing mild narrowing, improvement in the status of the central canal C4-5 narrowing, and a 1.5 mm posterior osteophyte formation at C5-6.

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 physical therapy 6 times a week for 2 weeks for the cervical 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 American College of Occupational and Environmental Medicine (ACOEM), 2ND Edition, Chapter 8, Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints, which is part of the MTUS and the Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines state that physical medicine treatment including physical therapy, occupational therapy and chiropractic care should be an option when there is evidence of a musculoskeletal or neurological condition that is associated with functional limitations that are likely to respond to skilled physical medicine treatment. Care should be active and including home exercise program, and the patient should be compliant with care and make significant functional gains. Patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction. When treatment duration and/or number of visits exceeds the guideline recommendations, exceptional factors should be noted. Postsurgical treatment for displacement of cervical intervertebral discs including fusion after graft maturity includes 24 visits over 16 weeks. A review of the submitted medical records note that the employee has completed 12 authorized visits of physical therapy for the cervical spine to date. No documentation of efficacy during and following the completion of these 12 visits was not provided for review. Without documentation of significant functional gains or exceptional factors noted, additional physical therapy is not indicated. **The request for physical therapy 6 times a week for 6 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

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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.