

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 3/16/2013
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005976

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Acupuncture, 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 6/18/13, the provider requested post-op physical therapy for injured worker who was treated with surgery for lumbar intrathecal tumor, which was removed 4/30/13 on a non-industrial basis. During this same time period, she had been treated for lumbar strain with medication, including naproxen, on an industrial basis. She received 8 physical therapy sessions from 6/25/13 to 8/6/13. It was noted that these sessions had helped with pain and function, but it was felt that additional sessions were needed. The 7/13 electromyography (EMG)/nerve conduction study (NCS) revealed evidence for bilateral S1 radiculopathy, and treatment with TENS unit was ordered.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical Therapy two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS/ACOEM Practice Guidelines, Chapter 12, (Low Back Complaints), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Postsurgical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that for surgeries that are not covered in guidelines (intrathecal tumor removal is a surgery not covered by the guidelines), the postsurgical physical medicine period is six (6) months. The guidelines also indicate, "Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment. In this case, it appears that the requesting provider does not meet the guidelines for requesting the physical therapy. **The request for physical therapy two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.**

2. Acupuncture two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Acupuncture Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Acupuncture Medical Treatment Guidelines indicate that functional improvement must be documented for it to be medically necessary for treatments to be extended. In this case, the medical record reflects that the employee was treated with acupuncture sometime in 2012 for back pain associated with a lumbar strain. A 6/2013 note by the provider noted acupuncture as part of the plan for ongoing back pain. On 7/2013, the employee was seen for additional acupuncture; however, the medical record does not reflect functional improvement as a result of treatment to date. Also, it is unclear if acupuncture in this case is being used to address an industrial or non-industrial injury/cause of back pain. **The request for acupuncture two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.**

/pas

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.

[REDACTED]
[REDACTED]
[REDACTED]