

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/4/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/24/2013    |
| Date of Injury:           | 9/15/2004    |
| IMR Application Received: | 8/2/2013     |
| MAXIMUS Case Number:      | CM13-0006160 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **large excersice ball retrospectively is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **additional physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **large excersice ball retrospectively 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.

### **Expert Reviewer Case Summary:**

The patient is a 47-year-old individual who reported an injury on 09/15/2004 due to cumulative trauma. The clinical note dated 08/19/2012 stated that the patient had low back pain with worsening numbing and weakness of the left upper extremity. Physical findings included tenderness to palpation of the paraspinous musculature with decreased range of motion due to pain, a positive straight leg raising test, and decreased sensation along the left ulnar nerve with a positive Tinel's sign at the elbow. The clinical note dated 12/10/2012 indicated that the patient was participating in a home exercise program with the use of a Swiss Ball that was broken and was in need of replacement. The clinical note dated 01/21/2013 indicated that the patient underwent a urine drug screen test that was positive for marijuana and Norco. However, the patient was certified for medical marijuana use. The clinical note dated 03/05/2013 indicated that visits of physical therapy was requested to provide home exercise program and core strengthening for the patient's low back pain. The clinical note dated 05/22/2013 indicated that the patient's Norco 2.5 mg was being discontinued and that the patient was started on Norco 10 mg. The clinical note dated 07/17/2013 indicated that the patient had completed 8/8 physical therapy sessions with an improvement in symptoms. It was noted that the patient ran out of his Norco 14 days before the appointment. Request for authorization dated 09/09/2013 stated that although the patient had not used Norco 10 mg for up to 2 weeks prior to the 08/21/2013 appointment, the patient was experiencing increasing pain and was requesting a lumbar epidural steroid injection. An exercise ball was requested to assist the patient and participation in a

home exercise program and additional physical therapy was requested as the patient had only completed 8 out of the recommended 12 physical therapy visits for this type of injury.

**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 additional physical therapy 2 times a week for 4 weeks:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS: Physical Medicine Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 98, which is part of the MTUS.

Rationale for the Decision:

The guideline supports up to 10 visits over 4 weeks for unspecified radiculitis. However, the employee has already completed 8 physical therapy visits. The medical records provided for review indicate that the employee has been transitioned into a home exercise program, and as such, the additional physical therapy visits would not be indicated. **The request for additional physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.**

**2) Regarding the request for Norco:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS: Chronic Pain Guidelines, Hydrocodone/Acetaminiphen.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, Long Term Users of Opioids, page 88, which is part of the MTUS.

Rationale for the Decision:

The guideline recommends that continued use of a medication be supported by documentation of decreased pain levels, and functional improvement or improved quality of life. The medical records provided for review indicates that

the employee was not using the medication for 2 weeks and was reliant on other therapies. These records did not adequately provide evidence that those therapies were not successful in maintaining the employee's pain levels. **The request for continued use of Norco is not medically necessary and appropriate.**

**3) Regarding the request for large exercise ball retrospectively:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria for its decision.

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), Knee and Leg Chapter, Durable Medical Equipment.

Rationale for the Decision:

The ODG recommends the use of durable medical equipment such as the requested exercise ball when it is generally not useful to a person in the absence of illness or injury. Exercise equipment such as the requested exercise ball does not meet this criteria. Additionally, the documentation does not provide evidence of increased functional capabilities as it relates to the employee's current home exercise program. **The request for large exercise ball retrospectively 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, 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.