

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 3/26/2013
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006488

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3 times a week for 4 weeks for lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Motrin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 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 8/29/2013. 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 3 times a week for 4 weeks for lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Motrin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 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 Preventive Medicine and 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 applicant is a represented [REDACTED] who has filed a claim for low back pain, reportedly associated with an industrial injury of March 26, 2013.

Thus far, the employee has been treated with the following: Analgesic medication; MRI of lumbar spine of May 30, 2013, notable for a 4 mm disc protrusion at L5-S1 with associated nerve root impingement; transfer of care to and from various providers in various specialties; adjuvant medication; and extensive periods of time off from work, on total temporary disability.

In a utilization review report of July 24, 2013, the claims administrator suggested a succession trial of physical therapy and also suggested approving Motrin and Norco. In a September 19, 2013, letter, the applicant's attorney appealed.

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 3 times a week for 4 weeks for 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 Official Disability Guidelines (ODG), Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The guidelines also indicate that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. The medical records provided for review do not show evidence of functional improvement following the completion of the prior physical therapy sessions. The employee has failed to demonstrate any improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. **The request for physical therapy three (3) times a week for four (4) weeks for lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for Motrin:

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, page 68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that anti-inflammatory medications such as Motrin are the traditional first line of treatment. The medical records provided for review indicate that the employee has used Motrin and non-steroidal anti-inflammatory drugs (NSAIDs) chronically and failed to get any lasting benefit or functional improvement with the prior usage of the medication. The employee remains off work, on total temporary disability. **The request for Motrin is not medically necessary and appropriate.**

3) Regarding the request for Norco:

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, page 68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that the basic criteria for the continuation of opiate therapy include the evidence of successful return to work, improved function, and a reduced pain through prior usage of opiates. The medical records provided for review indicate that the employee did not return to work. The medical records did not show evidence that the employee showed improved functioning and/or reduced pain through prior usage of Norco. **The request for Norco 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.