

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	8/28/2000
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006595

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for four to six weeks for the low back **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 two times a week for four to six weeks for the low back **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 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:

DOI 8/28/2000

Patient is a 57-year-old man with history of spine issues. Had an anterior cervical discectomy and fusion and in October 2001 had a right-sided L5 – S1 lumbar micro decompression. Date of injury is 13 years ago where he is pulling a tarp off a the box truck when he had pain in the neck bilateral upper extremities and back. The patient had received prior sessions of this therapy to the neck and back. The patient has not had any PT visits for five years prior. Patient is complaining of increasing low back pain left more than right, radiating to lower extremity in the posterior leg. Patient is taking Vicodin as needed for pain, and objective findings include normal gait pattern normal hip exam. The diagnosis is chronic low back pain status post right-sided L5 – S1 microdisc decompression. The plan was for physical therapy for core strengthening and paraspinous conditioning.

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 two times a week for four to six weeks for the low back:

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, and ACOEM guidelines, pages 58-59, 299-300, which are part of the MTUS, and the Official Disability Guidelines (ODG), Back Chapter, Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 299, which is part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM, chapter 12, indicates that for low back issues physical therapy is appropriate for 1-2 visits for education and counseling towards a home exercise program. The submitted medical records indicate that the employee had received prior sessions of physical therapy to the neck and back. The employee has not had any visits for five years prior. The employee is complaining of increasing low back pain left more than right, radiating to the lower extremity in the posterior leg. The employee is taking Vicodin as needed for pain, and objective findings include normal gait pattern normal hip exam. The diagnosis is chronic low back pain status post right-sided L5 – S1 microdisc decompression. The plan was for physical therapy for core strengthening and paraspinous conditioning.

The employee is well out of postsurgical timeframes and would fall under low back complaints in MTUS/ACOEM guidelines. The request for 12 visits exceeds the guideline recommendation of 1-2 visits for education and counseling towards a home exercise program as mentioned above. There are no objective findings warranting 12 PT visits. The request was for conditioning but there is no listed reasoning why the employee cannot do the conditioning based in a home exercise program (HEP) as recommended by MTUS/ACOEM Guidelines. **The request for physical therapy two times a week for four to six weeks for the low back 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

/bh

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.