

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	1/17/2011
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007448

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy three (3) times a week for eight (8) weeks for the left neck and back is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed 8/6/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 three (3) times a week for eight (8) weeks for the left neck and 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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 32-year-old female who reported an injury on 01/17/2011. An unofficial MRI of the lumbar spine report was submitted by Dr. [REDACTED] on 08/01/2012, which indicated minimal degenerative changes of the lumbar spine without significant foraminal or canal narrowing. An unofficial MRI report of the cervical spine was submitted by Dr. [REDACTED] on 11/15/2012, which indicated mild levocurvature of the upper thoracic spine and minimal degenerative changes of the mid cervical spine without evidence of nerve root impingement. The patient was then evaluated by Dr. [REDACTED] on 02/13/2013 for electrodiagnostic studies, which indicated chronic left C6-7 radiculopathies. A comprehensive neurological evaluation was then submitted by Dr. [REDACTED] on 02/13/2013. Current complaints included right ankle pain, low back and left leg pain, and left neck and shoulder pain. Physical examination revealed painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinal and superior and inferior trapezius muscles, limited left shoulder range of motion, tenderness of the soft tissues around the left shoulder, upper arm, and forearms, tenderness of the thoracic paraspinal muscles, limited lumbosacral spinal range of motion, no spasms noted, and tenderness with gentle pressure on the soft tissues around the left thigh, foreleg, and calf. The elevated arm stress test for thoracic outlet syndrome is positive on the left, causing numbness to develop in the forearm and hand. A Faber test for hip joint pathology and SI joint pathology is positive on the left. Diagnosis at that time included chronic pain syndrome. Recommendations included an evaluation by a pain management specialist. The patient was then seen by Dr. [REDACTED] on 04/15/2013. The patient presented with lower back and left radicular leg pain, rating 8/10. It is noted that the patient underwent a Functional Capacity Evaluation, which indicated a score of 58%, placing her in a severe disability category. Objective findings included palpable trigger point tenderness over the lumbosacral muscle distribution, reduced sensation overlying the left leg, limited lumbar range of motion, weakness at all lumbar myotomes, and 3+ reflexes bilaterally. Treatment plan

included a short course of acupuncture therapy. The patient was then seen by Ms. [REDACTED] on 04/04/2013 for complaints of lower back, left leg, and shoulder pain. Physical examination revealed tenderness to palpation of the left trapezius muscle, spasms, limited range of motion, and spasms with tenderness of the left lumbar paraspinals as well. Treatment plan included Amrix, Vicodin, Lidoderm, and ultrasound therapy. The patient was then seen by Dr. [REDACTED] on 04/16/2013 with similar complaints of neck and back pain. Objective findings included spasm on the left side of the neck, decreased range of motion, and tenderness of the left lower lumbar area. Treatment plan included pain management evaluation and physical therapy. The patient was then seen on 04/24/2013 by Dr. [REDACTED]. An orthopedic physical examination revealed normal cervical range of motion, positive muscle spasm at the cervical trapezius myofascial region, normal and equal bilateral upper extremity strength and sensation, tenderness to the left coracoacromial arch, normal shoulder range of motion, positive Neer's and crepitus on the left shoulder, positive tenderness to palpation of the lumbosacral junction, SI joint, and sciatic notches, decreased extension and flexion of the lumbar spine, decreased sensation of the left SI joint, and mild tenderness of the anterior talofibular ligament. It was determined at that time that the patient is permanent and stationary from an orthopedic perspective. The patient was then given a 6% whole person impairment rating. Future treatment included mild analgesic medication usage and/or topically applied anti-inflammatory and aesthetic medications. The patient was then seen by Dr. [REDACTED] on 04/26/2013 for similar complaints of 3/10 back and neck pain. Objective findings revealed no significant changes. Treatment plan included continuation of home care strengthening and stretching. The patient was then seen by Ms. [REDACTED] on 05/17/2013 and 06/14/2013. The patient continued to complain of 5/10 to 7/10 pain. Physical examination revealed no significant changes from the previous exam, and the treatment plan included continuation of current medications. The patient was again seen by Dr. [REDACTED] on 06/17/2013. Objective findings included tenderness of the left lower lumbar area. Treatment plan included epidural steroid injections and a home exercise program. The patient was seen in the emergency room on 06/21/2013 and 07/02/2013. Physical examination revealed tenderness to palpation over the left sacral and buttock area, negative straight leg raising, intact motor and sensory examination, and full range of motion of all extremities. The patient was discharged home in stable condition with instructions for sciatica and chronic back pain, and prescriptions for Norco, Soma, and prednisone. The patient was again seen by Ms. [REDACTED] on 07/12/2013. Physical examination revealed no significant changes, and treatment plan included continuation of current medications. The patient was again seen by Dr. [REDACTED] on 07/19/2013 with similar complaints. Physical examination revealed only lumbar tenderness, and treatment plan included continuation of pain management. A Utilization Review Report was then submitted by Dr. [REDACTED] on 07/26/2013. The requested treatment included physical therapy 3 times per week for 8 weeks of the left neck and left back. It was noted that the patient completed 12 sessions of physical therapy. The request for additional physical therapy of the left neck and left back at that time was not approved. The patient again followed up with Ms. [REDACTED] on 08/09/2013. Patient complaints included lower back pain. Physical examination revealed no significant changes, and treatment plan included continuation of current medications, and possible facet injections and cervical epidural steroid injections. The patient was again seen by Dr. [REDACTED] on 08/30/2013 with complaints of neck and back pain with radiation to the left arm and leg. Objective findings included only tenderness to the lower lumbar area and left side. Treatment plan included ongoing pain management and physical therapy for 24 sessions.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy three (3) times a week for eight (8) weeks for the left neck and back: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 California MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, page 99, Physical Medicine Guidelines, which is part of the MTUS, Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy, and Low back, Physical Therapy, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As per the clinical notes submitted, the employee has completed 12 sessions of physical therapy to date. As per the latest physical examination, the employee continues to complain of neck and lower back pain, and objective findings include decreased range of motion and tenderness to palpation over the lower lumbar area. Guidelines further state that physical medicine treatment includes 9-10 visits over 8 weeks. As per the clinical notes submitted, the employee has already exceeded this guideline recommendation. There are no exceptional factors noted or significant functional gains following the initial course of physical therapy that would warrant the need for a continuation of therapy at this time. **The request for physical therapy three (3) times a week for eight (8) weeks for the left neck and 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

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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.