

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	4/28/2005
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007961

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 additional massage therapy sessions to treat the back is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **LSO brace is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **6 additional massage therapy sessions to treat the back is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **LSO brace 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:**

All medical, insurance, and administrative records provided were reviewed.

The applicant is a 50-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 28, 2005.

Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of massage therapy; unspecified amounts of physical therapy; topical analgesics; a TENS unit; a cane; and the apparent imposition of permanent work restrictions.

It does not appear that the applicant is working with said limitations in place.

In a utilization review report of July 18, 2013, the claims administrator certifies a TENS unit and non-certifies massage therapy and a lumbar support.

The attending provider appealed on July 19, 2013, acknowledging that the applicant has had 6 prior sessions of massage therapy. The applicant is ambulating with the aid of a cane and exhibits 4/5 motor strength about the bilateral lower extremities. It is stated that the applicant is not interested in invasive procedures and that lumbar supports can be employed in the chronic non-operative pain context present here.

### **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 6 additional massage therapy sessions to treat the 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, Massage Therapy, page 60, which is part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Massage Therapy, page 60, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that massage therapy is recommended, and should be in addition to other recommended treatment. The guidelines also indicate that massage therapy should be limited to 4-6 visits in most cases. The medical records provided for review indicate that the employee has had at least six sessions of massage therapy; however, there is no clear evidence of functional improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. The medical records also indicate that the employee has been given permanent work restrictions, and is also pursuing other treatments. **The request for six (6) additional massage therapy sessions to treat the back is not medically necessary and appropriate.**

#### **2) Regarding the request for LSO brace:**

##### 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, 2004, pages 298-301. The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back, which is not part of the MTUS.

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

##### Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit outside of the acute phase, for symptom relief purposes, and they are not indicated in chronic pain. The medical records

provided for review indicate that it has been several years since the date of injury, and the employee has chronic pain, which does not meet guideline criteria. **The request for LSO brace 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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