

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 07/24/2013
Date of Injury: 10/21/2008
IMR Application Received: 08/09/2013
MAXIMUS Case Number: CM13-0009040

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old male with a date of injury on 10/21/08. The patient's diagnoses include: cervical disk displacement. The utilization review letter dated 7/24/13, by Dr. [REDACTED] noted that the patient is status post anterior cervical decompression and fusion of C4-5 and C5-6 on 8/27/12, with subsequent wound dehiscence which has now healed. It was noted that the patient was currently attending physical therapy twice a week. The clinical note dated 5/20/13, stated that the patient presented with continuous neck pain rated at 10/10, with radiation to the right upper extremity associated with numbness and tingling. The patient reported that his symptoms had gotten worse since his last visit.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Request for Physical Therapy three (3) times a week for six (6) weeks to the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Chronic Pain, Physical Medicine, pgs 98-99, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. In this case, the progress report dated 5/20/13, noted that the employee presented with continuous neck pain rated at 10/10 with radiation to the right upper extremity associated with numbness and tingling. The employee reported that the symptoms had gotten worse since the last visit. It was noted that the employee had been attending physical therapy twice a week. A request was made for an additional 18 PT visits. The requested 18 PT visits exceeds the supported 8-10 visits for neuralgia, neuritis, and radiculitis. **The request for physical therapy three (3) times a week for six (6) weeks to the cervical spine is not medically necessary and appropriate.**

/pas

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.

[REDACTED]

CM13-0009040