
Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
4/2/2013

2/4/2013

4/16/2013

CM13-0000194

- 1) MAXIMUS Federal Services, Inc. has determined the request for 10 physical therapy sessions (2 times a week for 5 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 3 epidural blocks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/16/2013 disputing the Utilization Review Denial dated 4/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 10 physical therapy sessions (2 times a week for 5 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 3 epidural blocks **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, has a subspecialty in Pain 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 2, 2013.

Clinical History: Review of the medical documentation identifies the patient sustained an industrial injury on 02/04/2013. Patient has been under the care of treating physician for spinal stenosis with radiculopathy and lumbar disc disease herniation at L3-L4 and L4-L5.

MRI report lumbar spine dated 03/21/13 is provided for review. At L3-L4 there is disc desiccation, mild left neural foraminal narrowing disc protrusion and inferior left neural foraminal narrowing. At L4-L5, there is disc desiccation with moderate-to-severe disc narrowing. There is a 5 mm posterior disc bulge. There is mild thecal sac narrowing measuring 9 mm and mild bilateral lateral recess stenosis, as well as mild bilateral neural foraminal narrowing. At L5-S1, there is disc desiccation with mild left neural foraminal narrowing. Scattered facet hypertrophy and ligamentum flavum thickening noted.

Most recent evaluation dated 03/26/2013 is provided for review. Patient presented with complaints of constant back pain that radiates into the left leg. Medication and PT are helping with the pain. Objective findings are noted as "the neurovascular status is unchanged left lower extremity." It was recommended that the patient continue with physical therapy and undergo epidural steroid injections. Physical therapy progress note dated 03/13/2013 is provided for review noting patient is just beginning to make progress with physical therapy and would benefit from further treatment.

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 for Independent Medical Review
- Utilization Review Documentation by [REDACTED] (dated 4/2/13 to 4/30/13)
- Employee's Office Visit Report by [REDACTED], M.D. (dated 4/16/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12, page 300
- Official Disability Guidelines (ODG) (2009) – Low Back Chapter, Physical Therapy section; Epidural Steroid Injection section; Physical Therapy Guidelines

Note: Neither the Claims Administrator, requesting provider, nor the employee submitted medical records in this case.

1) Regarding the request for 10 physical therapy sessions (2 times a week for 5 weeks):

Medical Treatment Guideline(s) 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, 2nd Edition, (2004) – Chapter 12, page 300, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy section; Physical Therapy Guidelines, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address a recommended number of sessions for continued physical therapy in this situation. The Expert Reviewer relied on the ODG section used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 2/4/13 and has experienced constant back pain that radiates into the left leg. The employee was diagnosed with spinal stenosis, radiculopathy, and lumbar disc disease herniation at L3-L4 and L4-L5. Treatment to date has included medication and physical therapy. A request was submitted for an additional 10 physical therapy sessions.

The ODG recommends a 6 session trial of physical therapy, and allows for continued sessions if functional improvement is documented. For intervertebral disc disorders without myelopathy, ODG allows for a total of 10 visits over 8 weeks. The utilization review determination indicates the employee has already had 12 sessions and there were no medical records submitted to show functional improvement. The requirements for continued physical therapy sessions are not met. The request for 10 physical therapy sessions (2 times a week for 5 weeks) is not medically necessary and appropriate.

2) Regarding the request for 3 epidural blocks:

Medical Treatment Guideline(s) 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, 2nd Edition, (2004) – Chapter 12, page 300, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, Epidural Steroid Injection section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address this issue. The Expert Reviewer relied on the ODG section used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 2/4/13 and has experienced constant back pain that radiates into the left leg. The employee was diagnosed with spinal stenosis, radiculopathy, and lumbar disc disease herniation at L3-L4 and L4-L5. Treatment to date has included medication and physical therapy. A request was submitted for 3 epidural blocks.

The ODG does not support routine use of “series-of-three” injections in either the diagnostic or therapeutic phase. Specifically, the ODG indicates that at the time of initial use of an epidural steroid injection, a maximum of 1 or 2 injections should be performed. The request for 3 epidural blocks 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.