

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy (10 visits) for lower/cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/14/2013. 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 additional physical therapy (10 visits) for lower/cervical spine **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 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 15, 2013.

The claimant is a 43-year-old female with the date of injury which is now approximately three months ago on 1/17/13. The claimant was picking up dirty linens from the floor when she experienced a pulling sensation in her right entire back. She noted immediate pain and reported the accident and was sent home. She was seen at immediate care where x-rays were obtained and physical therapy was started. She was given a back brace and medications. She presented to see Dr. [REDACTED] on 3/4/13 complaining of constant sharp neck pain worse when she tries to wash dishes. She also has constant sharp low back pain. The physical examination of the cervical spine shows tenderness over the spinous processes of C5, C6 and C7 and in the trapezii bilaterally. There was decreased range of motion in extension and lateral flexion of the cervical spine. There was numbness noted in the left arm but there was no distribution mentioned. There was a diminished right biceps and brachioradialis reflex. Power in the upper extremity was not examined. In the lumbar spine there was tenderness at L3, L4 and L5 and S1 over the spinous processes as well as over the posterior and superior iliac spine. There was also right and left paravertebral muscle tenderness. Strength of the extensor hallucis and tibialis anterior were normal. S1 muscles were not tested. The right knee jerk was diminished relative to the left but ankle jerks were symmetrical. Straight leg raising on the right was 60 degrees and on the left 45 degrees. The Lasègue test was positive bilaterally. The diagnosis was acute cervical and lumbar strain.

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 (received 4/24/13)
- Utilization Review Determination from [REDACTED] (dated 4/15/13)
- Utilization Review Determination from [REDACTED] (dated 3/19/13)
- Utilization Review Determination from [REDACTED] (dated 3/11/13)

- Utilization Review Determination from [REDACTED] (dated 2/25/13)
- Medical Records from [REDACTED] (dated 1/18/13 – 5/22/13)
- MRI of Cervical Spine from [REDACTED] (dated 3/21/13)
- Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine Section, pg. 99

1) Regarding the request for additional physical therapy (10 visits) for lower/cervical spine:

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), 3rd Edition, (2011), Chapter 8, Cervical and Thoracic Spine Disorders, Table 2, Summary of Recommendations, Chapter 8-9 Low Back Disorders, Table 2, Summary of Recommendations, not part of the Medical Treatment Utilization Schedule (MTUS), and the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine Section, pg. 99, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine Section, pg. 99, of the Medical Treatment Utilization Schedule (MTUS) used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 1/17/13 the employee experienced low back pain at work when picking up dirty linen from the floor. Initial investigations and treatment included x-rays, physical therapy, a back brace and medication. On 3/4/13 the employee was experiencing constant sharp neck and low back pain. Physical examination revealed cervical, lumbar, and trapezii tenderness. The diagnosis was acute cervical and lumbar strain. A request for authorization was submitted for an additional physical therapy (10 visits) for lower/cervical spine.

A review of the medical records indicates the employee was experiencing chronic cervical and lumbar pain resulting from radiculopathy, unrelieved by therapy and requiring an epidural injection. Chronic Pain Guidelines recommend 8-10 physical therapy visits over eight weeks. Twelve physical therapy visits have already been completed but there was a lack of documentation supporting functional improvement as a result of these visits. Therefore, the request for additional physical therapy (10 visits) for lower/cervical spine **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
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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.