
Notice of Independent Medical Review Determination

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/10/2013

2/20/2013

5/23/2013

CM13-0000465

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 physical therapy visits for lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 5/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 8 physical therapy visits for lumbar 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, 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 May 13, 2013.

This 35-year-old female sustained her injury on 02/20/13 from sitting on a chair that did not fit. She is presently diagnosed with lumbago and lumbar herniated disc. A request for PT is made. She presented with low back pain, numbness and tingling into the left leg. She was evaluated with an MRI on 03/12/13 (interpreted by Dr. [REDACTED] per 05/01/13 report) which showed disc herniations at L5-S1 and L4-5. She has been treated conservatively with medications, corset, cold therapy and Physical Therapy. The 04/18/13 PT report indicates that this patient has shown minimal progress after seven sessions. She reports increasing symptoms. Her recent follow up visit on 05/01/13 indicates the patient's continued pain rated at 5/10 in severity. Her current medications include Flexeril, diazepam, Norco, Soma and Dilaudid. Her physical exam of the lumbar spine showed point tenderness and spasm, improved motor function with dorsiflexion of the left foot, and decreased sensation in the lateral leg and foot. The referenced treatment guidelines recommend up to twelve PT visits for the patient condition to achieve functional restoration. It also indicates that continuing PT should be guided by the patient's response to treatment. This patient has attended eight PT visits to date but remains symptomatic. The latest PT progress notes assessed her to have made minimal progress. However, it also noted that the patient believes that PT is helping. Nonetheless, an objective evaluation of her current condition to demonstrate remaining deficits that require additional skilled and supervised therapy was not given. Additional PT at this time is excessive and not guideline supported. Without objective evaluation of progress and remaining deficits, and in the absence of extenuating clinical circumstance, medical necessity of the request is not established.

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 by [REDACTED] (dated 5/13/13)
- Medical Records by [REDACTED] (dated 3/12/13 to 5/1/13)

- MRI Report by [REDACTED] (dated 1/12/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12: Low Back, Table 12-8
- Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy section; Preface, Physical Therapy Guidelines

1) Regarding the request for 8 physical therapy visits for lumbar 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) Guidelines, 2nd Edition, (2004) – Chapter 12: Low Back, Table 12-8, 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 and Physical Therapy Guidelines, which are not part of the California Medical Treatment Utilization Schedule. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the MTUS does not appropriately address a recommended number of physical therapy sessions for this situation. The Expert Reviewer relied on the ODG sections used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 2/20/2013 and has experienced low back pain with numbness and tingling into the left leg. The employee has been diagnosed with lumbago and lumbar herniated disc. Treatment to date has included medications, cold therapy, corset, and at least 7 physical therapy sessions. A request was submitted for an additional 8 physical therapy sessions.

The ODG recommends a total of 10 physical therapy sessions over 8 weeks for lumbar sprains/strains and intervertebral disc disorders without myelopathy. The employee has already received authorization for 8 sessions. A physical therapy note dated 4/18/13 indicates the prior physical therapy sessions have resulted in minimal progress. Objective functional improvement is not found in this note or documented elsewhere in the records received and reviewed. The request for an additional 8 sessions exceeds the guideline recommended amount. The request for 8 physical therapy visits for lumbar 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
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.



