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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/7/2013

3/27/2013

5/28/2013

CM13-0000492

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 sessions of physical therapy 2 times weekly for 4 weeks for the lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 sessions of physical therapy 2 times weekly for 4 weeks for the 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 Occupational and Preventive 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 7, 2013:

“An Adverse determination was given for the requested MRI and 8 sessions of physical therapy 2 times weekly for 4 weeks for the lumbar spine by peer reviewer [REDACTED] MD. This is a 45-year-old female who was injured on 3/27/2013. The mechanism of injury was lifting. The diagnosis was lumbar sprain. Previously, 8 physical therapy sessions had been certified and the patient continued with pain in the low back going down to her left leg. On 4/12/2013, she was seen in follow-up, who noted that the patient was improving slower than expected with regard to her low back injury. She reported that she had pain radiating down her left leg with certain movements and she had an increase in pain when walking for prolonged periods of time. She reported that physical therapy was helping. On examination, the patient had no midline tenderness over the lumbar spine. She had tenderness over the left lumbar paraspinals with symmetrical reflexes, normal strength and with a normal gait without an antalgic component. Sensation to light touch versus pinprick was intact in the lower extremities. The provider diagnosed the patient with a lumbar sprain worsened with lifting, twisting, or bending and a radiculopathy. He felt the patient’s condition was uncomplicated and stable, and currently appeared to be controlled. On 4/26/13, the patient was seen in follow-up, who noted that she reported her pain subsided when she took medication. The patient reported that she had finished physical therapy with little relief and stated the pain was still going down her left leg. She had completed taking Tramadol. On examination, she had no obvious sensory deficit and had normal gross motor function. The patient continued with tenderness over the left lumbar paraspinals. Dr. [REDACTED] prescribed Flexril and recommended physical therapy to improve the patient’s function and for instruction in home exercise. The provider also ordered MRI of the lumbar spine with the rationale that the patient had minimal relief from physical therapy and had been taking pain medicine with minimal relief and had positive straight leg raising and could only bend forward to 70 degrees. “

### **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 05/28/2013)
- Utilization Review Determination from [REDACTED] (dated 05/07/2013)
- Employee Medical Records From [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 8 sessions of physical therapy 2 times weekly for 4 weeks for the 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), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pages 299-301, and 303, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 3/27/2013 while lifting and reported back pain. On 4/12/2013, the provider noted improvement slower than expected. The employee described pain radiating down the left leg, which increased with walking. The employee was diagnosed with a lumbar sprain worsened with lifting, twisting, or bending, as well as radiculopathy. Treatment has included medications and 8 prior sessions of physical therapy. A request was submitted for 8 additional sessions of physical therapy 2 times weekly for 4 weeks for the lumbar spine.

The ACOEM Guideline recommends 1-2 visits for education, counseling and evaluation of home exercise for range of motion and strengthening. The employee has already had 8 prior sessions of physical therapy and the records submitted and reviewed do not document substantial benefit from those 8 prior sessions. As the employee already had 8 physical therapy sessions, the employee's condition should be adequately managed with use of active home exercises at this time. The request for 8 sessions of physical therapy 2 times weekly for 4 weeks for the 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.