
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 5/17/2013 |
| Date of Injury: | 3/23/2013 |
| IMR Application Received: | 5/30/2013 |
| MAXIMUS Case Number: | CM13-0000523 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for 6 sessions is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 **physical therapy for 6 sessions is 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 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.

Expert Reviewer Case Summary:

Doctor's First Report of Injury dated 3/25/2013 describes a 38 year old female employed as a caregiver that reported developing low back pain while she was trying to dress a patient. Physical exam showed normal posture, antalgic gait, difficult heel/toe ambulation, tenderness and spasms bilaterally L4-S1, restricted range of motion due to pain, no sensory or vascular deficits noted. X-ray of lumbosacral spine, 3 views, was normal. She was diagnosed with lumbosacral sprain.

PR-2 dated 4/10/2013 is notable for claimant improving slower than expected. On exam she had physiologic gait, normal posture, costovertebral angle tenderness, tenderness L2-S1, spasms L3-L5, no scoliosis, restricted range of motion due to pain, positive Patrick/fabere test, positive Wadell's sign for symptom magnification, no sensory or vascular deficits noted.

PR-2 dated 5/24/2013 is notable for claimant being referred to ortho.

PR-2 dated 7/10/2013 reports that claimant is doing the same and is off work, she complains of low back pain, right leg pain and parasthesia, no groin pain, no weakness, no fever or chills. Exam findings include tenderness, restricted range of motion, normal posture and gait, heel/toe ambulation well tolerated, no spasms, no ecchymosis, no erythema, no swelling, normal deep tendon reflexes, no muscle atrophy, no sensory deficit of lower extremities, negative Patrick/fabere, negative extensor hallicus longus, negative Wadell's, negative SLR bilaterally. Claimant was referred to ortho for epidural.

Comprehensive orthopedic evaluation dated 6/19/2013 notes that the claimant received 12 sessions of supportive physical therapy, bracing, at home exercises and oral medications with no improvement. An MRI dated 5/22/2013 was performed which revealed disc protrusions. Diagnosis was: severe lumbar spine myoligamentous sprain/strain syndrome associated with 5-6 mm disc protrusion at L4-5 extending to bilateral neural foraminae in presence of sever spinal canal stenosis and L5/S1 5 mm

disc protrusion with significant spinal canal stenosis associated with bilateral radiculopathy, worse in the right. Epidural steroid injection was recommended for two levels.

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 (dated 5/30/2013)
- Utilization Review Determination from [REDACTED] (dated 5/17/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy for 6 sessions:

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 6, page 114, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines recommend up to 10 visits of physical therapy. The medical records provided for review indicate that the employee is conducting exercises at home. Additional physical therapy sessions would not likely provide any additional benefit beyond the home exercise routine. **The request for physical therapy for 6 sessions 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;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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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.