
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/9/2013

4/29/2013

6/6/2013

CM13-0000585

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy (18) sessions 3 times per week for 6 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 (18) sessions 3 times per week for 6 weeks **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 May 9, 2013.

Clinical History:

This patient sustained an injury to the lumbar spine while at work on 4/29/13.

An MRI of the lumbar spine performed 5/1/13 was reported to show the following:

L1-2, L2-3, L3-4, L4-5 – no significant central or foraminal stenosis

L5-S1 – posterior disc protrusion at L5-S1 extending along the left S1 nerve root within the lateral recess and S1-S2 neural foramen measuring 10x8x13 mm with significant encroachment upon the left S1 nerve root within the lateral recess.

Dr. [REDACTED] evaluated the patient on 5/3/13. The patient c/o severe pain and numbness radiating to the left leg and calf. Hydrocodone and prednisone had not been helping. It was noted that the patient had not had PT or injections. Examination was remarkable for an absent left Achilles reflex and decreased sensation in the S1 dermatome of the left leg. The MRI findings were reviewed as outlined above.

The diagnosis was displacement lumbar disc w/o myelopathy. He opined that the patient had a left S1 radiculopathy secondary to the L5-S1 disc herniation. The patient was prescribed a Medrol dose pack and referral for an L5-S1 LESI was recommended. The patient was also referred for PT.

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 6/5/2013)
- Utilization Review Determination from [REDACTED] (dated 5/9/2013)
- Medical Records provided by Claims Administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for physical therapy (18) sessions 3 times per week for 6 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, page 299, Table 12.5), which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Preface, 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 relied on the MTUS Postsurgical Treatment Guidelines, Low Back Section, pages 25-26, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury to the lumbar spine on 4/29/2013. X-rays dated 4/29/2013 revealed mild disc narrowing at L5-S1 and an MRI dated 5/1/2013 revealed a 13 mm L5-S1 disc protrusion/extrusion with significant mass effect on the left S1 nerve root. The employee has been treated with left S1 transforaminal epidural steroid injection and left L5-S1 minimally invasive micro lumbar discectomy. A clinic note dated 6/27/2013 stated the employee was 2 weeks post-op from left L5-S1 disc herniation with complaints of worsening paresthesias and cramping of the calves. The employee's medications have included prednisone, Flexeril, Vicodin, and Motrin. A request was submitted for physical therapy (18) sessions 3 times per week for 6 weeks.

The MTUS Postsurgical Treatment Guidelines recommend 16 visits over 8 weeks following discectomy. The MTUS guidelines also recommend half of the recommended treatment sessions for initial therapy. The records submitted and reviewed document the employee was offered a modification of 6 physical therapy visits but there is no indication the employee previously participated in the 6 sessions. Although postsurgical physical therapy is recommended by guideline recommendations, the request exceeds the number of sessions recommended. The request for physical therapy (18) sessions 3 times per week for 6 weeks 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
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/sab

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.