

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested physical therapy times twelve (12) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested electrodiagnostic testing of the bilateral lower extremities **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested lumbar spine MRI **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 5/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/17/2013. 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 requested physical therapy times twelve (12) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested electrodiagnostic testing of the bilateral lower extremities **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested lumbar spine MRI **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.

### Case Summary:

Disclaimer: There was no case summary on the utilization review denial/modification. Case summary was taken from provided medical records:

The employee sustained a work-related injury due to a fall from a ladder landing on the buttocks and back and hitting the head on the floor. Initial treatment was in an emergency room where x-rays of the spine and leg and a CT scan of the head were completed. She was discharged with pain medication and anti-inflammatory medications. Physical therapy has provided some pain improvement; symptoms remain.

### 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 6/17/13)
- Utilization Review determination (dated 5/28/13)
- Employee medical records from [REDACTED] (dated 4/1/13-4/2/13)
- Employee medical records from [REDACTED] (dated 4/5/13-4/23/13)
- Employee medical records from [REDACTED] MD (dated 5/15/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 303-309

- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 98-99

**1) Regarding the request for physical therapy times twelve (12)**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Physical Therapy, which is which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on MTUS 9792.20f – Definitions, Functional Improvement.

Rationale for the Decision:

The employee sustained a slip-and-fall work-related injury of the low back, hip, and thigh on April 1, 2013. The medical records provided and reviewed indicate treatment has included analgesic medications, twelve sessions of physical therapy, acupuncture, a largely negative CT scan of the head, and extensive periods of time off of work. The medical record of May 15, 2013, documents constant, throbbing low back pain, which is exacerbated by bending; pain in other areas has since subsided. The record also indicates a normal gait, pain on lumbar range of motion testing, weakness about the left knee extensions and flexions on manual muscle testing, as well as diminished sensorium about the L4-L5 dermatome.

The Guidelines indicate extension of physical therapy treatment is contingent on clear evidence of functional improvement. The employee has had 12 sessions of physical therapy. The medical records provided for review show no evidence of functional improvement as defined in MTUS 9792.20f. The employee has failed to return to work; work restrictions have not diminished; performance of activities of daily living has not improved appreciably, and reliance on medical treatment has not diminished in an appreciable way. The criteria for extension of physical therapy have not been met. Physical therapy times twelve (12) **is not medically necessary and appropriate.**

**2) Regarding the request for electrodiagnostic testing of the bilateral lower extremities:**

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

The Claims Administrator did not offer any evidence-basis for its decision. The provider did not offer any guidelines disputing the decision of the Claims Administrator. The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a slip-and-fall work-related injury of the low back, hip, and thigh on April 1, 2013. The medical records provided and reviewed indicate treatment has included analgesic medications, twelve sessions of physical therapy, acupuncture, a largely negative CT scan of the head, and extensive periods of time off of work. The medical record of May 15, 2013, documents constant, throbbing low back pain, which is exacerbated by bending; pain in other areas has since subsided. The record also indicates a normal gait, pain on lumbar range of motion testing, weakness about the left knee extensions and flexions on manual muscle testing, as well as diminished sensorium about the L4-L5 dermatome.

ACOEM guidelines indicate electrodiagnostic testing is considered a second-line test generally used to identify “subtle, focal neurologic dysfunction” in those individuals with lumbar radicular complaints that have eluded detection on first-line lumbar MRI imaging. Up to this point, a Lumbar MRI has not been done, therefore, criteria for electrodiagnostic testing has not been met. The electrodiagnostic testing of the bilateral lower extremities **is not medically necessary and appropriate.**

**3) Regarding the request for lumbar spine MRI:**

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

The Claims Administrator did not offer any evidence-basis for its decision. The provider did not offer any guidelines disputing the decision of the Claims Administrator. The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a slip-and-fall work-related injury of the low back, hip, and thigh on April 1, 2013. The medical records provided and reviewed indicate treatment has included analgesic medications, twelve sessions of physical therapy, acupuncture, a largely negative CT scan of the head, and extensive periods of time off of work. The medical record of May 15, 2013, documents constant, throbbing low back pain, which is exacerbated by bending; pain in other areas has since subsided. The record also indicates a normal gait, pain on lumbar range of motion testing, weakness about the left knee extensions and flexions on manual muscle testing, as well as diminished sensorium about the L4-L5 dermatome.

ACOEM Guidelines indicate criteria for pursuit of lumbar MRI imaging include evidence of neurologic compromise in those individuals who have failed to respond to treatment. The medical records provided indicate the employee has failed to respond to treatment and that there is evidence of neurologic compromise both historically and on exam meeting the criteria for lumbar MRI imaging. The lumbar MRI **is 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.