
Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	12/8/2008
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010541

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for six weeks for the lumbar spine and bilateral lower extremities is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 two times a week for six weeks for the lumbar spine and bilateral lower extremities 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 Neuromuscular 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:

Patient is a 39 year old male who had cumulative work related injuries involving his low back, right leg and right hip. He had a specific episode on 12/8/13 when he felt a jolt in his low back while pulling on a dolly. He has had a history of decompression of L4-5 with bilateral foraminotomies and a microdiscectomy at L4-5 in 2009. Patient has had 15 PT sessions per documentation between 4/20/13-6/20/13 but continues to have lumbar /radicular pain. The issue at hand is whether PT 2x per week for 6 weeks for the lumbar spine and BLE is medically necessary.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy two times a week for six weeks for the lumbar spine and bilateral lower extremities:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medical Guidelines, page 99, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medical Guidelines, page 99, which is part of MTUS.

Rationale for the Decision:

Physical Medicine guidelines allow for fading of treatment frequency plus active self directed home Physical Medicine. The medical records provided for review indicate the employee has radiculitis (ICD9 729.2) per guidelines which typically requires 8-10 visits of therapy over 4 weeks. Employee has already had 15 visits of physical therapy without substantial change in function. Additionally it was recommended that the employee lose weight to ease low back symptoms. **The request for physical therapy two times a week for six weeks for the lumbar spine and bilateral lower extremities 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/amm

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.