

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	2/19/2013
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010727

- 1) MAXIMUS Federal Services, Inc. has determined the request for **eight sessions of physical therapy for left lumbosacral radiculopathy 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 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **eight sessions of physical therapy for left lumbosacral radiculopathy** 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 Orthopedic Surgery, 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:

This 52 year old claimant is diagnosed with sprain of the hip and thigh, contusion of the hip; she was injured on 02/19/13 after slipping and falling at work on 02/19/13. She was evaluated in the ER at which time x-rays were negative for fracture. There is also a more current diagnosis of lumbar radiculopathy. MRI of the lumbar spine was done in March of 2013 with evidence of some retrolisthesis at L1 through L4 without gross evidence of spondylolysis, disc bulging at L1 through L4 without evidence of compression, and disc bulge at L4-5 with mild to moderate right and mild left foraminal compromise and with contact of the L5 descending nerve root. A supplemental report of 08/06/13 documented that the claimant had initial therapy however it was of a passive nature, modality based, and as such she required 8 additional physical therapy visits; the provider indicated that the treatment request should not have been denied. On examination it was noted that she was inconsistent in her reporting but that she thought there was a slight decrease in sensation in the L5 and S1 dermatomes, she was unable to generate full strength in her left EHL, and slump test on the left caused shooting pain down her leg to the bottom of her foot. Treatment as documented was inclusive of medication management, physical therapy, and a trial of TENS unit.

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 eight sessions of physical therapy for left lumbosacral radiculopathy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA-MTUS Chronic Pain Medical Treatment Guidelines, pg. 99 Physical Medicine Guidelines, which is a part of the MTUS.

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

Rationale for the Decision:

CA MTUS with respect to therapy states, "Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." A review of the records provided indicates that in this case it is known that this employee already underwent a course of therapy; the provider has indicated that the prior treatment was modality based and he requested additional therapy for a more active program. The available records were not inclusive of the prior therapy treatment records and the examination findings as documented in August of 2013 reflected good strength and some inconsistent sensory findings. Based on the available information a medical necessity for the requested physical therapy has not been established, there is not any indication of a change in the employees condition and the employee already has completed a course of therapy; as such the requested treatment is not considered as medically necessary. **The request for eight sessions of physical therapy for left lumbosacral radiculopathy 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

/cmol

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.