
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 9/9/2010
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013926

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is appealing for continued physical therapy (PT) for the lumbar spine. The 8/1/13 denial letter states that nine visits of PT are not supported; there is no indication for supervised therapy; and the patient should be proficient in a home exercise program. The denial letter also states the patient had 24 PT sessions previously. The 7/18/13 report from Dr [REDACTED] states the patient is getting better with PT and the epidural. He still had 50% decrease in lumbar motion. He has lumbar disc disease with radicular component responding to PT. Dr [REDACTED] requests additional PT 3x3 to include a trial of lumbar traction where he can have the equipment at home. There is a 5/30/13 procedure note from Dr [REDACTED] for an interlaminar L5/S1 epidural spinal injection (ESI). He noted there was a right paracentral and right foraminal L5/S1 disc protrusion with desiccation at L3/4 and L4/5, and the patient had chronic low back pain with right buttock and RLE pain and numbness. Further PT was denied based on the 24 session limit of PT and no clinical significant improvement documented by physical therapy.

The patient was injured on 9/9/10 while working as an electrician. The patient was in a bucket lift working on a Neon sign, and he was holding the sign in one arm and twisted backwards to pick up a tool and had immediate onset of back pain radiating to both legs. The left-side calmed down, but he still has residuals in the right lower extremity. The patient went to a spinal surgeon, but has never been examined by the surgeon, rather only the surgeon's PAs. The patient was dissatisfied with the surgeon's handling of his case and was subsequently referred to Dr. [REDACTED]

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Additional physical therapy for the lumbar spine is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS, as well as the Official Disability Guidelines, which are not a part of the MTUS.

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

The Physician Reviewer's decision rationale:

The records available for review indicate that the issue at the dispute is the denial of nine PT sessions. The records also show that 14 sessions of PT ending on 1/27/2013 resulted in an improved range of motion that practically doubled in extension and flexion. MTUS guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias. The requested nine sessions appear to be for rehabilitation after a radiofrequency ablation procedure provided on 5/30/13, per the submitted clinical notes. A 7/18/13 report noted a 50% decrease in motion which is a reduction from the level measure on PT discharge on 1/27/13. There appears to be a need for PT following the recent worsening of function and pain. **The request for an additional nine sessions of physical therapy for the lumbar spine is medically necessary and appropriate.**

/dso

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.

[REDACTED]

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