

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/1/2013  
Date of Injury: 9/6/1997  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014101

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: UPHOLD. This means we decided that none 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:

The patient is a 50 year old female with a date of injury of 9/6/1997 to the lumbar spine. Her diagnoses include lumbar spine degenerative disc disease; lumbar spine stenosis; lumbar spine spasms and lumbar spine radiculopathy. The patient reports that she improves significantly with physical therapy (PT). The progress report dated 6/17/13 by Dr. [REDACTED] noted that the patient reports that when, she has physiotherapy she has days where she almost has no pain. She is able to work and she is able to have a life. The progress report dated 7/29/13 by Dr. [REDACTED] noted that the patient has short term benefit from PT and then the pain comes back. Physical therapy twice a week for six weeks was requested for the lumbar spine.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. The physical therapy request is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, page 474.

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:

MTUS physical medicine guidelines allow for fading of treatment frequency, plus active self-directed home physical medicine. In this case it appears that the employee does get good pain relief for a short time with PT treatment; however, the requested 12 visits exceeds the 8-10 visits supported by MTUS for neuralgia, neuritis, and radiculitis. MTUS also states that patients are instructed and expected to continue active therapies at home as an extension of the treatment

process in order to maintain improvement levels. **The request for 12 additional physical therapy visits for the lumbar spine is not 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]

CM13-0014101