

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/6/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/20/2013
Date of Injury: 8/14/2012
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017633

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two (2) times a week for six (6) weeks post-epidural steroid injection is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/20/2013. 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 **physical therapy two (2) times a week for six (6) weeks post-epidural steroid injection** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

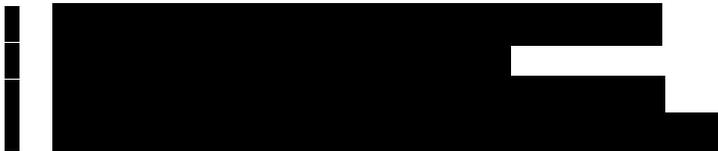
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 45 year old male with a date of injury of August 14, 2012. The injury was sustained upon lifting a hydraulic lift arm which weighed 20 lbs (10 lbs and repetitive per IW) above his head injuring his midback and low back region. An August 12, 2013 progress report indicates persistent low back pain. Physical exam demonstrates lumbar spasm and trigger points, inability to heel or toe walk on the right, positive radicular signs on the right, decreased sensation in the right lower extremity, and right EHL and gastrocnemius weakness. Treatment to date has included chiropractic care, physical therapy, medication, lumbar epidural steroid injection and activity modification. The request for physical therapy twice a week for six weeks was denied.

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:



1) Regarding the request for physical therapy two (2) times a week for six (6) weeks post-epidural steroid injection:

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 Official Disability Guidelines (ODG), Low Back Chapter, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Section.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that Epidural Steroid injections can offer short term relief if used in conjunction with other rehab efforts including a home exercise program. The general goal of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post-epidural steroid injection (ESI), but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on medical records submitted and reviewed, the only need for further physical therapy treatment post-ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. The employee should continue to follow a home exercise program post injection. Documentation states that the employee has had chiropractic care, physical therapy and activity modification in the past for the injury which was in August 2012. At this point the employee should be well versed in a home exercise program. **The request for physical therapy two (2) times a week for six (6) weeks post-epidural steroid injection 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



/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.