

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/28/2013
Date of Injury:	8/9/1998
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018290

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve sessions of physical therapy for the back is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/28/2013. 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 **twelve sessions of physical therapy for the back** 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:

Patient is a 71 year old male with work injury dated 8/9/98 to his low back and right hand. He was diagnosed with lumbosacral spondylosis without myelopathy. The documentation on 8/14/13 for a routine follow up indicates symptoms in his low back were getting worse and he was having a flare up of low back pain requiring increased medication and use of a cane . 12 sessions of PT (physical therapy) were requested and modified by prior UR review on 8/28/13 to 10 sessions. A request is made again whether PT for the low back x 12 sessions 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:

- [REDACTED]

- 1) **Regarding the request for twelve sessions of physical therapy for the back:**

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 Chronic Pain Medical Treatment Guidelines, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Introduction, page 1, Pain Outcomes and Endpoints, page 8, and Physical Medicine, pages 98-99, which is a part of MTUS.

Rationale for the Decision:

The medical records provided for review indicate the employee is experiencing a flare up of low back pain. The MTUS Guidelines note that exacerbations and “breakthrough” pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The guidelines allow 9-10 visits over 8 weeks for unspecified myalgia and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The request for 12 physical therapy sessions exceeds the guideline recommendation. **The request for twelve (12) sessions of physical therapy for the back 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

/hs

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.