
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/24/2013

2/15/2013

7/16/2013

CM13-0001644

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 initial physical therapy sessions for the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit trial **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 6/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 12 initial physical therapy sessions for the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit trial **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 24, 2013.

CLINICAL SUMMARY: A review of the medical documentation identifies that the patient sustained an industrial injury on 02/15/13. The mechanism of injury occurred when the patient fell off a ladder approximately 14 feet up in a chair and landed on his left side chest wall area. The patient has been under the care of the treating physician for lumbago, lumbar myofascial pain syndrome, history of pneumothorax, lumbosacral pain, suspected lumbar spine contusion with possible lumbar degenerative disc disease. The treating physician makes reference to chest x-rays and CT scans of his chest wall on the initial fracture and pneumothorax. It does show that the patient had, on various films, pleural effusions and fracture of his left rib. The actual report was not provided for review.

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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 6/24/13)
- Progress Report by [REDACTED], M.D. (dated 5/22/13)
- Diagnostic Reports (dated 3/15/13 and 3/18/13)
- Medical Records by [REDACTED] (dated 2/15/13 to 3/17/13)
- Medical Records by [REDACTED] (dated 2/15/13 to 5/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Low Back Chapter, pages 298-301

- Chronic Pain Medical Treatment Guidelines 2009. Physical Medicine page 98-99

1) Regarding the request for 12 initial physical therapy sessions for the lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Low Back Chapter, pages 298-301, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider cited the Chronic Pain Medical Treatment Guidelines (2009), which are part of the MTUS. The Expert Reviewer found the section of the MTUS used by the provider relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/15/2013 and experienced lumbago, lumbar myofascial pain syndrome, pneumothorax, lumbosacral pain, and a suspected lumbar spine contusion with possible lumbar degenerative disc disease. Treatment noted in the records received and reviewed has included chest x-rays and CT scans of the chest wall. A request was submitted for 12 initial physical therapy sessions for the lumbar spine.

The MTUS Chronic Pain Guidelines allow for fading treatment frequency from up to 3 times per week to 1 or less. The medical records submitted for review indicate the employee has not had any physical therapy. The request for 12 sessions falls within the guidelines. The request for 12 initial physical therapy sessions for the lumbar spine is medically necessary and appropriate.

2) Regarding the request for a TENS unit trial:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Low Back Chapter, pages 298-301, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 115, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/15/2013 and experienced lumbago, lumbar myofascial pain syndrome, pneumothorax, lumbosacral pain, and a suspected

lumbar spine contusion with possible lumbar degenerative disc disease. Treatment noted in the records received and reviewed has included chest x-rays and CT scans of the chest wall. A request was submitted for a TENS unit trial.

The MTUS Chronic Pain Guidelines do not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration if there is evidence of neuropathic pain. The medical records submitted and reviewed do not show evidence of neuropathic pain. The guideline criteria are not met. The request for a TENS unit trial 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.