MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/31/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/15/2013
Date of Injury:	5/13/2010
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001894

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 Occupational Medicine 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 44 year old female with date of injury of 5/13/2010 with a diagnosis of chronic back pain. She is status post laminectomy and discectomy and a history of radicular pain in the legs. The patient has had chiro, physical therapy (PT) and 1 epidural steroid injection (ESI). There is slight tendernesss in the paralumbar tissues. Current diagnoses include chronic back pain and lumbar disc herniations. She had a ESI which had a 50% reduction in symptoms. After her laminectomy in 8/2010, she continued to have low back pain and persistent symptoms. This request is for PT following her ESI.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy once a week for three weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines, page 98, and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 299, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS guidelines allow for fading of treatment leading to self-directed home physical medicine as opposed to supervised PT. The employee has already had PT and chiro. She has had an ESI one week prior. ACOEM chapter 12 recommends 1-2 visits of therapy for education counseling and evaluation of home exercise for this issue. This is less than the requested 3 visits.

Therefore, as the patient has had previous chiro and PT, and ACOEM recommends only 1-2 sessions of PT, the requested PT once a week for 3 weeks is not medically necessary. **The request for three sessions of physical therapy 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]

CM13-0001894