
Notice of Independent Medical Review Determination

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/11/2013

11/18/2011

7/18/2013

CM13-0002006

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times per week for six (6) weeks to the left shoulder and neck **is not medically necessary and appropriate.**
- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times per week for six (6) weeks to the left shoulder and neck **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **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 & Rehabilitation, has a subspecialty in Chiropractic & Acupuncture 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 July 11, 2013:

“The claimant is a female with reported date of injury on 11/18/11 to the cervical spine and left shoulder. She has had 48 physical therapy sessions, but still has pain. The request for additional physical therapy is not medically necessary. This claimant has had more than adequate amount of physical therapy (PT) for this chronic condition. There is no medical rationale for continued PT. Contrary to popular practice, *PT* does not resolve any medical conditions, nor will it offer long lasting pain relief. A home exercise program is just as efficacious and should be strongly encouraged. The claimant has not met criteria for additional PT. Therefore, the request for additional physical therapy is not medically necessary. The request for an MRI of the cervical spine is not medically necessary. The claimant had a cervical spine MRI on 02/02/12. This study showed minimal (2-3mm disc protrusion) without mass effect. There has been no documented re-injury. The AP did not document any red flag signs in the latest reports. As such, the claimant has not met criteria for a repeat MRI. Therefore, the request for an MRI of the cervical spine is not 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:

- Application for Independent Medical Review (received 7/18/2013)

- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Medical Records were not timely submitted by the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy two (2) times per week for six (6) weeks to the left shoulder and neck:

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

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule (MTUS) but a detailed citation was not provided. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, pages 98-9, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the cervical spine and left shoulder on 11/18/11. The submitted and reviewed clinical summary provided on the Utilization Review (UR) determination indicates the employee continues to experience pain. The UR indicates a cervical spine MRI dated 2/02/12 showed minimal disc protrusion without mass effect and treatment has included 48 physical therapy sessions. A request was submitted for physical therapy two (2) times per week for six (6) weeks to the left shoulder and neck.

MTUS Chronic Pain guidelines recommended 9-10 visits over 8 weeks for myalgia and neuralgia and allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine. Medical records were not timely submitted by the Claims Administrator for this review. The submitted and reviewed UR indicates that the employee experienced chronic pain since 2011 and has received 48 physical therapy sessions. The request for 12 additional sessions exceeds guideline recommendations. The request for physical therapy two (2) times per week for six (6) weeks to the left shoulder and neck **is not medically necessary and appropriate.**

2) Regarding the request for MRI of the cervical spine:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), (current edition), Neck Chapter, Magnetic Resonance Imaging, a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Special

Studies and Diagnostic and Treatment Considerations, pg. 177-8, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the cervical spine and left shoulder on 11/18/11. The submitted and reviewed clinical summary provided on the Utilization Review (UR) determination indicates the employee continues to experience pain. The UR indicates a cervical spine MRI dated 2/02/12 showed minimal disc protrusion without mass effect and treatment has included 48 physical therapy sessions. A request has been submitted for MRI of the cervical spine.

MTUS ACOEM guidelines note that criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Medical records were not timely submitted by the Claims Administrator for this review. The submitted UR clinical summary fails to demonstrate any new injury or progression of neurologic deficit after the MRI performed in 2012. There was no discussion of any suspicion of a tumor or pending surgery that may require clarification of the anatomy, and there was no indication that the employee failed to progress in a strengthening program intended to avoid surgery. The requested MRI of the cervical spine **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

/srb

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.