
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 8/29/2012
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002016

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy to the lumbar spine 2 times a week for 6 weeks **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 7/16/2013. 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:

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy to the lumbar spine 2 times a week for 6 weeks **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 Preventative Medicine and Occupational Medicine, has a subspecialty in Internal Medicine, Orthopedic Surgery & Toxicology 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 16, 2013:

“The claimant is a male who has filed a claim for chronic low back pain, hypertension, diabetes, and obesity reportedly associated with an industrial injury of 08/29/12. Thus far, he has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; blood pressure lowering medications; approximately 18 sessions of physical and occupational therapy over the life of the claim; and extensive periods of time off of work.

The most recent progress report of 06/26/13 is notable for comments that the claimant is off of work. He reports persistent paresthesias in the lower extremity and exhibits diminished range of motion about the neck and back with associated tenderness to touch. The claimant receives treatment recommendations which include consideration of epidural steroid injections as well as knee corticosteroid injections.

Recommendations are made for the claimant to obtain computerized range of motion testing as well as electrodiagnostic testing of the lower extremities to determine the etiology of the claimant's lower extremity numbness and tingling. The claimant remains off of work, on total temporary disability.

Additional PT 2 x 6 for the lumbar spine is not medically necessary.

The claimant has had prior treatment well in excess of the 9- to 10-session course endorsed by the CA MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. There is no clear evidence of functional improvement as defined in CA MTUS 9792.20f which might justify further extension of treatment beyond the guidelines. The claimant has failed to return to work. There is no evidence of reduction in work restrictions, clinically significant improvement in activities of daily living, and/or diminished reliance on medical treatment. Therefore, additional PT 2 x 6 for the lumbar 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 7/18/13)
- Utilization Review Determination Review [REDACTED] (dated 7/16/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional physical therapy to the lumbar spine 2 times a week for 6 weeks:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) Page 99 of 127 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on August 29, 2012 resulting in chronic back pain. The medical records provided for review indicate treatments have included analgesic medications, approximately 18 sessions of physical and occupational therapy, and extensive periods of time off of work. The request is for additional physical therapy to the lumbar spine 2 times a week for 6 weeks.

MTUS Chronic Pain Medical Treatment Guidelines recommend a 9 to 10 session course for myalgias and/or myositis of various body parts. The medical records submitted for review indicate that the employee has had prior treatment (18 sessions) which would be in excess of the 9 to 10 session course recommended by the MTUS Guidelines. There is no documentation in the medical records reviewed demonstrating evidence of functional improvement from completed physical therapy. The request for additional physical therapy to the lumbar spine 2 times a week for 6 weeks **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

/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.