

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	12/8/2012
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002129

- 1) MAXIMUS Federal Services, Inc. has determined the request for 18 physical therapy sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 18 physical therapy sessions 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 PM&R , has a subspecialty in Interventional Spine 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.

### **Expert Reviewer Case Summary:**

The patient is a 30-year-old with a date of injury of 12/8/2012. Under consideration are authorization requests for for 1 lumbar epidural steroid injection at L5-S1, 18 physical therapy sessions and 1 prescription of amitriptyline 25mg #30. Per the document dated 6/14/2013 by Dr. [REDACTED], the patient is being treated for a herniated nucleus pulposus of L4-5 and L5-S1 with right lower extremity radiculopathy. The relevant subjective findings include constant low back pain that radiates into the right lower extremity with tightness and pain. The relevant objective findings include lumbar spine paraspinal tenderness and spasm, tenderness of the sciatic notch on the right, positive straight leg raise on the right. The motor strength examination reveals 4/5 strength for the right peroneus longus and extensor hallucis longus with all others rated at 5/5, sensation is decreased to light touch over the S1 nerve distribution. The thoracic spine examination reveals paraspinal spasm and tenderness. Range of motion testing is reduced in the lumbar and thoracic spines.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

**1) Regarding the request for 18 physical therapy sessions:**

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, Physical Therapy, which is part of the MTUS, as well as the Official Disability Guidelines for Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, the recommended number of physical therapy session is 8 – 10 visits over 4 weeks for diagnoses of neuralgia, neuritis, and radiculitis (unspecified). The employee may benefit from additional physical therapy following the lumbar ESI (epidural steroid injection), however, the Chronic Pain Medical Treatment Guidelines also states to "Allow for fading treatment frequency plus active self-directed home physical medicine". The requested 18 physical therapy visits exceeds the recommended 8-10 visits for neuralgia, neuritis, and radiculitis supported by MTUS. Recommendation is for denial. **The request for 18 physical therapy sessions is not medically necessary or 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.