

---

**Notice of Independent Medical Review Determination**

Dated: 9/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

11/14/2012

7/22/2013

CM13-0002131

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/15/2013. 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 12 sessions of physical therapy **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 Family Practice 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 15, 2013:

“This is a 37-year-old male with a 11/14/2012 date of injury. A specific mechanism of injury has not been described. 6/18/13 progress report indicates low back pain with left greater than right lower extremity symptoms. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion. Treatment to date has included physical therapy x 24 and medication.”

### **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 from [REDACTED]
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 12 sessions of physical therapy:**

#### 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) (current edition), General Approaches, Pain, Suffering, and the Restoration of Function Chapter, pg. 114, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization

Schedule (MTUS) and the Chronic Pain Treatment Guidelines, (2009), page 98-99, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS 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 back injury on 11/14/12. The submitted and reviewed medical records document low back pain, decreased mobility and radiculopathy. The records indicate diagnoses including lumbago and left lumbar radiculopathy. Prior treatment has included physical therapy and medication. A request has been submitted for 12 sessions of physical therapy.

MTUS Chronic Pain Guidelines note 8-10 treatments of physical therapy are indicated for myalgia and neuralgia diagnoses and active therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The submitted medical records note that the employee has received over 20 treatments of physical therapy without significant improvement. The request for 12 sessions of physical therapy exceed guideline recommendations. The request for 12 sessions of physical therapy **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, 18<sup>th</sup> 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.