

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 8/11/2012
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002288

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 Physical Medicine and Rehabilitation, has a subspecialty in Chronic Pain, Non-Surgical Procedures, Nerve Damage Diagnostics, Physical Therapy, 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 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:

Initial orthopedic evaluation report dated 06/10/13 indicates that the claimant is 68 years old and right handed with a lumbar spine and cervical spine injury. Currently, the claimant complains of persistent neck and low back pain with electrical type of pain in the right side of the back. The lumbar spine examination shows slow and guarded gait, limited range of motion in flexion, extension to 10 percent of normal and lateral flexion to 25 percent of normal and midline lumbosacral tenderness. The provider recommends physical therapy and lumbar epidural steroid injection. The claimant is currently performing usual and customary job duties. The claim notes reveal that the claimant has completed 26 sessions of physical therapy to date.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy 2 times a week for 6 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Division of Workers' Compensation, Chapter 4.5. Additionally it also based its decision on, CA MTUS, and Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 88-89, 98-9, which is part of MTUS.

The Physician Reviewer's decision rationale:

The employee has lower back pain and sciatica and possibly had 26 prior physical therapy (PT) sessions. The outcome, timeframe and area treated for prior PT is unknown. The request is for

12 sessions of PT for sciatica. The CA MTUS recommends 8-10 sessions of PT for neuralgia and radiculitis. The request for 12 sessions will exceed the CA MTUS guidelines.

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]
[REDACTED]
[REDACTED]