
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/28/2013
Date of Injury:	5/10/2011
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002786

- 1) MAXIMUS Federal Services, Inc. has determined the request for four (4) outpatient continued physical therapy sessions **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 four (4) outpatient continued physical therapy sessions **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 and Rehabilitation 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 June 28, 2013:

Reason for Difference: It is the opinion of the reviewing physician that, the patient is a 66 year-old male. The date of injury was May 10, 2011. The current diagnoses are: Status-post lumbar laminectomy with bilateral decompression at L3-4 and L4-5; left foot drop; history of previous L3 decompression. Treatment has included: 9/12/12 revision lumbar laminectomy with bilateral foraminotomy and nerve root decompression including L3, L4 and L5 nerve root; right L3-4 microdiskectomy; physical therapy x 24; medications; diagnostics.

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 (dated 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 6/28/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** four (4) outpatient continued physical therapy sessions :

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

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines, (no section or page cited), part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, and the Post-Surgical Treatment Guidelines, Intervertebral disc disorders without myelopathy, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured in an industrially related accident on 5/10/2011. The submitted and reviewed records indicate that the employee has had previous lumbar surgery, medications, and 24 post-operative physical therapy visits. The most recent medical report dated 6/20/2013 indicated that the employee has a history of left foot drop, and has had multiple spinal surgeries. Symptoms included bilateral thigh and leg numbness, and intermittent sciatica in the left leg. A request was submitted for four physical therapy sessions and then a transition to a home exercise program (HEP).

MTUS Chronic Pain Guidelines allow for 8 to 10 visits after the post-surgical period of six months. The 4 physical therapy (PT) visits requested are reasonable under the MTUS guidelines for chronic pain, as they do not exceed 8-10 visits. The 24 post operative PT visits were provided during the 6 month time period under the postsurgical treatment guidelines. Therefore authorization of the 4 PT visits for the patient's leg pain and weakness is recommended. The request for four (4) outpatient continued physical therapy sessions **is medically necessary and appropriate.**

2) Regarding the request for Norco 10/325mg #90:

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, (no section or page cited), part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, long-term assessment, pages 88-89, and Opioids, state medical boards guidelines, page 94 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured in an industrially related accident on 5/10/2011. The submitted and reviewed records indicate that the employee has had previous lumbar surgery, medications, and 24 post-operative physical therapy visits. The most recent medical report dated 6/20/2013 indicated that the employee has a history of left foot drop, and has had multiple spinal surgeries. Symptoms included bilateral thigh and leg numbness, and intermittent sciatica in the left leg. A request was submitted for four physical therapy sessions and then a transition to a home exercise program (HEP).

MTUS Chronic Pain Guidelines indicate that underprescribing pain medications is considered as much a breach of the appropriate standard of care as overprescribing. MTUS Chronic Pain Guidelines, pages 88-89, note that a satisfactory response to treatment with pain medication may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical report dated 5/15/2013 noted that the employee reported there was improved function and less pain with the use of pain medication. The request for Norco 10/325mg # 90 **is 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

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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.