

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: 10/24/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/5/2013     |
| Date of Injury:           | 10/7/2012    |
| IMR Application Received: | 7/23/2013    |
| MAXIMUS Case Number:      | CM13-0003020 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy, two (2) times a week for six (6) weeks of the lumbar spine **is not 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 7/5/2013. 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 additional physical therapy, two (2) times a week for six (6) weeks of the lumbar spine **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 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 July 5, 2013:

"61-year-old male with low back pain and bilateral lower extremity radiculopathy with pain and numbness since sudden stop in MVA and 10/7/2012.(724.2, 724.4)"

### **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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/05/2013)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for additional physical therapy two (2) times a week for six (6) weeks of the lumbar spine:**

#### 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 Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained work-related injury on 10/07/2012 resulting in back pain and lower extremity radiculopathy. The employee has completed approximately 8 physical therapy (PT) visits to date, with little documented improvement. A request for additional physical therapy two (2) times a week for six (6) weeks of the lumbar spine was submitted.

The MTUS Chronic Pain Guidelines recommends up to 8-10 sessions of PT. The employee may benefit from 1-2 sessions to transition to a home exercise program if there was significant improvement. Documents provided for review lack the evidence that PT is helping to improve pain and function. The request for additional PT two (2) times a week for six (6) weeks of the lumbar spine **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,

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

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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.