
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/5/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003215

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for six (6) weeks for lower back **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 physical therapy two (2) times a week for six (6) weeks for lower back **is not 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 July 19, 2013:

PERTINENT CLINICAL INFORMATION / RATIONALE: date of injury - 01/05/10

Clinical data submitted indicates the worker sustained an undisclosed work-related injury three and one-half years ago and recently sought ongoing care for complaints of the knees and low back. The physical examination recorded 06/28/13 reports only paraspinous muscle tenderness and positive left straight leg raise maneuver. The recorded diagnoses include both shoulders and both knees but fail to document a working diagnosis for the low back. The recorded Plan of Care also address the knees but does not provided any treatment of the low back. At the conclusion of the clinical data, Plan of Care, citation of clinical guidelines and listing of literature references, there is another comment regarding the lack of prior authorization for physical therapy for the low back and sciatica in order to avoid surgery. Lacking the recording of objective clinical data (history, evaluation and management services as well as physical findings and results of diagnostic studies and response to rprior physical rehabilitation services or other treatment s provided), the medical necessity for resumption or continuation of skilled physical therapy services cannot be established at this time.)

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/19/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** physical therapy two (2) times a week for six (6) weeks for lower back:

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 page cited, which is part of the MTUS. The Expert Reviewer found the Chronic Medical Treatment Guidelines (2009), pg. 98-99 of 127, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Employee with a date of injury of 1/5/2010 sustained an undisclosed work-related injury three and one-half years ago and recently sought ongoing care for complaints of the knees and lower back. A submitted progress report dated 5/28/13 notes the employee complained of low back pain with radiation into the left leg. No exam of the lumbar spine was noted on this visit. The progress report dated 6/28/13 notes an exam of the lumbar spine showed paraspinous muscle tenderness and positive straight leg raising on the left. Physical therapy two (2) times a week for (6) six weeks was requested to reduce symptoms of sciatica and avoid invasive surgical intervention.

According to MTUS Physical Medicine Guidelines, 8-10 physical therapy visits over 4 weeks is recommended for neuralgia, neuritis, and radiculitis. However, the requested 12 visits of physical therapy for the lower back exceed this recommendation. The request for physical therapy 2 times a week for six weeks **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, 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.