

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	4/8/1993
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003375

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 additional physical therapy sessions **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 7/9/2013. 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 12 additional physical therapy sessions **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 Preventive Medicine and Occupational Medicine 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 9, 2013.

### Clinical Rationale

The patient is a 47 year old female with a date of injury of 4/8/1993. Under consideration is the prospective request for 12 physical therapy sessions.

A review of the submitted records indicates that the patient has been treated for chronic cervical complaints. Most recent diagnosis included post laminectomy syndrome of the cervical region, pseudoarthrosis, and cervical spinal stenosis. Treatment to date has consisted of physical therapy, medications, injections, and surgery.

Regarding the request for 12 additional physical therapy sessions, the cited guidelines recommend some passive physical therapy sessions with a transition into active therapy. Guidelines state those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The Official Disability Guidelines recommend up to 10 visits for the diagnosis of post laminectomy syndrome.

### 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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

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

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, pg. 8, Physical Medicine Guidelines, pg. 99, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines recommends up to 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. The guidelines also indicate that there must be demonstration of functional improvement to justify continued treatment. The medical records provided for review indicate that the employee has failed to demonstrate any improvement in terms of work status, activities of daily living, and/or diminished reliance on medical treatment. The employee continues to use Percocet and remains off of work and is on total temporary disability. **The request for 12 additional physical therapy sessions 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,

Paul Manchester, MD, MPH  
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.