
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	11/4/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003720

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2-3 times per week for 6 weeks for the lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 2-3 times per week for 6 weeks for 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 17, 2013:

“CLINICAL SUMMARY: Ms. [REDACTED] has an underlying date of injury of 11/04/10. Her reference diagnosis is lumbar stenosis. On 07/01/13, the patient was seen by Dr. [REDACTED] in follow-up regarding continued back pain radiating down the left leg. The patient reported that her entire calf and bottom of the foot was numb with shooting pain. Dr. [REDACTED] reviewed an MRI which showed disk degeneration at L5-S I, as well as foraminal stenosis and a disk herniation to the left notes early degeneration and osteophytes at other levels. On exam the patient had normal strength in the lower extremities with symmetrical reflexes. She had decreased sensation in the lateral and bottom of her foot on the left side and negative straight leg raising bilaterally. Dr. [REDACTED] recommended continued physical therapy as well as continued weight loss and indicated he would consider surgery potentially in the future thereafter after weight loss in particular. The radiologist reported an MRI of the lumbar spine on 06/12/13, described an extruded disk on the left paracentrally at L5-SI close to the exiting SI nerve root. Previously on 05/06/13 Dr. [REDACTED] discussed the patient has noted lumbar degenerative disk disease and probable lumbar stenosis and a history of compression for cauda equine syndrome. He recommended an MRI of the lumbar spine and weight loss at that 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 (received 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/17/2013)

- Medical Records provided by the claims administrator
- California Medical Treatment Utilization Schedule

1) Regarding the request for physical therapy 2-3 times per week for 6 weeks for the lumbar spine:

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 (2009), pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the lower back on 11/4/2010. The medical records submitted for review indicate a diagnosis of lumbar stenosis. Treatment has included physical therapy and spinal injections, which have not been helpful. The request is for physical therapy 2-3 times per week for 6 weeks for the lumbar spine.

The MTUS Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The medical records provided for review indicate that the employee has had injections and physical therapy in the past that have not helped. The request for 12-18 additional sessions of physical therapy exceeds the guideline recommendations. The request for physical therapy 2-3 times per week for 6 weeks for the lumbar spine 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

/sh

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.