

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	2/13/2013
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003860

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy for the low back 3 times a week for 2 weeks 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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 for the low back 3 times a week for 2 weeks 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, h 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.

### **Expert Reviewer Case Summary:**

CLAIMANT: [REDACTED]-IMR

CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed.

SUMMARY OF RECORDS: The applicant, Mr. [REDACTED], is an [REDACTED] [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 13, 2013.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; extensive period of time off of work; and eventual imposition of work restriction.

A June 28, 2013 note suggests that the applicant has continued radicular pain and is totally temporarily disabled following a prior epidural steroid injection on May 28, 2013. A later note of July 11, 2013 is notable for the comments that the applicant reports continued radicular complaints, diagnosed with lumbar radiculopathy, is asked to pursue another ESI, obtain a TENS unit, pursue additional physical therapy, and return to work with a rather proscriptive 5-pound lifting limitation.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for additional physical therapy for the low back 3 times a week for 2 weeks:**

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 the California Medical Treatment Utilization Schedule (MTUS), Physical Therapy, page 474.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 8 and 98-99.

Rationale for the Decision:

The Chronic Pain Guidelines recommends a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. The guidelines also indicate that the demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The medical records provided for review does not show evidence of functional improvement. The employee has failed to demonstrate any improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. **The request for additional physical therapy for the low back three (3) times a week for two (2) 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,

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.