

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	10/1/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004023

- 1) MAXIMUS Federal Services, Inc. has determined the request for **an ankle brace is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a lumbar corset is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 4 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 7/29/2013 disputing the Utilization Review Denial dated 7/2/2013. 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 **an ankle brace is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a lumbar corset is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 4 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 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.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic low back and left ankle pain reportedly associated with an industrial injury of October 1, 2008.

Thus far, she has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications; unspecified amounts of physical therapy; and extensive periods of time off of work.

The most recent progress note of June 11, 2013 is notable for comments that the applicant reports persistent low back pain radiating to bilateral lower extremities. She also reports associated left ankle pain and stiffness. She is not working. She is on Celebrex and tramadol for pain relief. She exhibits stiff range of motion about the ankles. She is given diagnosis of low back syndrome and sprain of ankle. She is asked to return to modified duty work and employ an ankle brace on an as-needed basis. She is asked to walk on a daily basis. It is stated that the applicant is not working.

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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an ankle brace:

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 letter.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 371, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that bracing and/or splinting of the joint should be for as short a time as possible. The medical records provided for review indicate that the employee is several years removed from the date of injury, and the request exceeds guideline recommendation. **The request for an ankle brace is not medically necessary and appropriate.**

2) Regarding the request for a lumbar corset :

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 letter.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Lumbar Support section, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase, for symptom relief purposes. The medical records provided for review indicate that the employee is several years removed from the date of injury, and the request exceeds guideline recommendation. **The request for a lumbar corset is not medically necessary and appropriate.**

3) Regarding the request for physical therapy 2 times a week for 4 weeks for the lumbar spine :

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 letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 8 and 99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that there should be demonstration for functional improvement with a particular treatment modality so as to justify continued treatment. The guidelines also indicate that the frequency of treatment should be faded over time. The medical records provided for review indicate that the employee has previously had unspecified amounts of physical therapy over the life of the claim; however, there is no evidence of functional improvement. The employee has failed to return to work, and to demonstrate improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. **The request for physical therapy two (2) times a week for four (4) 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,

Paul Manchester, MD, MPH
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.