

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/29/2013

2/11/2011

7/29/2013

CM13-0004197

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy once a week for 4 weeks to 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 7/29/2013. 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 continued physical therapy once a week for 4 weeks to 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.

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

The patient had a history of low back problems and a fusion at L4/5 back in the early 2000's. She did ok until 2/22/2011 when the back of her chair fell off and she fell backwards. She was said to have fractured the hardware and developed a pseudoarthrosis. She underwent a revision fusion on 6/6/2011, but claims the surgery did not help. She has had therapy, facet injections and hardware injections. The 8/27/12 report shows her pain ranged from 3-8/10, throughout 2013 her pain remained at about 7/10. The patient is reported to do home exercises daily in the form of walking. Since the issue at hand involves the necessity of physical therapy (PT) x4, I reviewed the records for any indication of the prior number of PT sessions, the dates they were provided, and whether there was any functional improvement. The records available did not provide any discussion on subjective or objective improvement with PT in the past, or specify the amount and when the prior PT was performed.

### **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 continued physical therapy once a week for 4 weeks to the lumbar spine :**

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine, no page cited, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pages 8-9, and Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The medical records submitted for review state that the employee has had prior therapy, however there were no prior physical therapy progress notes submitted to verify the specific amount of physical therapy sessions that have already been provided. The medical records indicate in the subjective complaints and objective findings reports between 8/27/12 and 7/23/13, that there is no significant improvement, pain remains at around 7/10 range despite the injections and therapies provided in this timeframe. The records show that several requests have been made for physical therapy x12 and notes to "continue PT". It does appear that the current session have exceeded the MTUS recommended 8-10 sessions. Without reporting the prior number of physical therapy sessions, it would be speculation to assume whether the request 4 visits of physical therapy combined with the prior physical therapy would exceed the MTUS recommendations of 8-10 sessions. The medical records do not report of any unusual circumstance or significant improvement with physical therapy that might provide evidence that there is a medical need for the employee to have additional sessions that deviate from the MTUS guidelines. Therefore, due to the information submitted, the request for physical therapy once a week for 4 weeks to 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, 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.