
Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/12/2013 |
| Date of Injury: | 8/31/2012 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004318 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one inversion table is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physiotherapy (lumbar) two times a week for six weeks 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **one inversion table is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physiotherapy (lumbar) two times a week for six 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 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:

Claimant is a 25 year old male with date of injury 8/31/2012. Doctor's First Report of Occupational Injury or Illness dated 9/7/2012 explains that the claimant sustained injuries to his back, left shoulder and head when five tires fell on him. Positive findings on exam include pain to palpation over the acromial clavicular joint and left trapezius, minimal pain to palpation bilateral PSIS. First aid treatment was provided, which included ice packs, biofreeze, ibuprofen 200 mg, gentle stretching instructions, and off work remainder of day and returning to regular duties the next day. Diagnoses included scalp contusion, left shoulder contusion, back contusion, thoracic spine somatic dysfunction, and lumbar spine sprain.

Progress report dated 9/26/2012 notes that the claimant has not improved with intermittent aching pain primarily in his right mid to low back. Positive physical exam findings include mild slight pain with motion and palpation through the right thoracolumbar region and into the right paraspinalis musculature. Medication treatment was changed from ibuprofen to naproxen 550 mg and Flexeril 5 mg. Claimant was given work restrictions of no lifting or carrying greater than 15 pounds, limited repetitive bending or stooping and no working in strained, off balanced or awkward positions.

Orthopedic consult note dated 11/21/2012 reports that claimant has completed two weeks of physical therapy. MRI review reports degenerative disk disease at L3-4 with a centralized herniated nucleus pulposus, creating lumbar spinal stenosis. The herniated disk is also accompanied by fluid just inferior to the disk herniation, presumable

hematoma from acute injury. Diagnoses included lumbar degenerative disk disease, lumbar herniated nucleus pulposus, lumbar spinal stenosis, lumbago. The report states that the claimant has had 8 sessions of physical therapy, and that the sessions actually made his pain worse so the physical therapy sessions were discontinued. Treatment plan was an L3-4 epidural steroid injection.

Telephone conversation note dated 1/9/2013 reports that claimant decided against L3-4 epidural steroid injection, and instead desired acupuncture. The provider ordered 12 sessions of acupuncture.

Progress note dated 6/24/2013 recommended additional 12 sessions of physical therapy, 6 sessions of acupuncture, Percocet, and Elavil.

Progress note dated 7/8/2013 notes there is no change in back pain, Elavil helps with sleep and the claimant is taking Percocet three times a day. Treatment plan included handicap placard, continuing Percocet, and ordering inversion table for traction at home.

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request one inversion table :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 12, page 300), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 300, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate that decompression through traction treatment and spinal decompressive devices is not recommended. "Decompression through traction is a treatment that utilizes a therapeutic table and traction mechanism (VAX-D). Its intent is to reduce intradiscal pressure, thus allowing for disc decompression. The theory is that this decompression will externally decompress the nerve root and help relieve pain and other symptoms (Ramos 04)... Decompression through traction and spinal decompressive devices (e.g. VAX-D) are not recommended for the treatment of acute, subacute, chronic, or radicular pain syndromes. There is insufficient evidence submitted in the medical

records to recommend this treatment which is moderately costly, though not invasive. **The request for an inversion table is not medically necessary and appropriate.**

Regarding the request for physiotherapy (lumbar) two times a week for six weeks :

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, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines recommend physical therapy of 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Physical therapy was a reasonable treatment for the employee; however 8 sessions of physical therapy have already been completed. The records indicate that the employee reportedly did not benefit from the prior sessions. **The request for physiotherapy (lumbar) two times a week for six 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, 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.