

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	10/1/2010
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005280

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient physical therapy two times per week over three 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 7/30/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 outpatient physical therapy two times per week over three 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 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 date of injury is 10/1/2010. The patient is a 51 year old who was hit by a car backing out of the parking lot. The patient was diagnosed with low back pain and spinal stenosis and angina pectoris. The patient is taking amitriptyline, flexeril and ultram. The patient has had 6 sessions of PT for the lumbar spine. Reports indicate the patient has been able to increase ADLs with medications. There is no notes in the provider records regarding PT. There are no PT reports. PTP reports reduced ROM in lumbar spine, and a positive SLR on the right.

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** outpatient physical therapy two times per week over three 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 based its decision on the California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, pgs. 98-99, which is part of the MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 299, which is part of the MTUS and the Chronic Pain Medical Treatment Guidelines (May, 2009), Physical Medicine, pg. 99, also a part of the MTUS.

Rationale for the Decision:

CA MTUS chronic pain guidelines recommend 9-10 visits over 8 weeks of PT for myalgia and myositis. MTUS refers to ACOEM for low back complaints. ACOEM (2004) page 299 states that patients should have 1-2 visits of PT for counseling education and evaluation of home exercise program. After a review of the records provided, the employee has had 6 sessions and an additional 6 sessions would definitely exceed the guidelines recommendations. There is no documentation of improved function with PT and there is no plan for further PT noted. **The request for outpatient physical therapy two times per week over three 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.