

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	7/18/2009
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005447

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for six 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 8/1/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 **physical therapy two times a week for six 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 Care 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED] is a [REDACTED] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of July 18, 2009.

Thus far, he has been treated with the following: Analgesic medication; 18 sessions of physical therapy to date; unspecified amounts of chiropractic manipulative therapy; reported return to regular duty work.

In a utilization review report of July 22, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney appealed on July 30, 2013.

A recent progress note of June 11, 2013, is notable for comments that the applicant reports persistent low back pain radiating to the left leg. Additional 12 sessions of physical therapy were stopped. The applicant has returned to regular duty work.

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 physical therapy two times a week for six 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 American College of Occupational and Environmental Medicine (ACOEM), page 114, Postsurgical Treatment Guidelines, Low Back, which are part of the MTUS, and the Official Disability Guidelines, (ODG), Physical Therapy Guidelines, (Lumbar), which is not part of the MTUS.

The Expert Reviewer based his decision on the MTUS, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, page 99, which are part of the MTUS.

Rationale for the Decision:

The employee has had prior physical therapy treatment (18 sessions), which is in excess of the 9-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine topic on pages 98 and 99 endorse active therapy, active modalities, and tapering or reducing the frequency of physical therapy over time. The medical records submitted for review indicate that the employee has successfully returned to regular work duty. The employee at this point in treatment, and given the medical records indication of successful treatment should be transitioning to a home exercise program, per the Chronic Pain guidelines. While a few sessions of therapy so as to facilitate his transition to home exercise program could have been endorsed, the 12-session course proposed by the attending exceeds the recommended amount set forth in the guidelines. **The request for physical therapy two times a week for six 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.