

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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

MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED] llen
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 6/11/2013
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005468

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy cervical two times a week for four weeks 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 7/5/2013. 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 cervical two times a week for four 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 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:

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

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 11, 2012.

Thus far, she has been treated with the following: Analgesic medications; topical agents; topical compounds; TENS unit; shoulder steroid injection; extensive periods of time off work, on total temporary disability; wrist brace; and unspecified amounts of physical therapy.

In a utilization review report of July 5, 2013, the claims administrator denied her request for eight sessions of physical therapy.

The most recent progress report of February 28, 2013, is notable for comments that the applicant reports persistent neck and low back pain. She was given prescriptions for Zanaflex, Naprosyn, several topical compounds, has remained off work, on total temporary disability, while considering epidural steroid injections. She also has to continue usage of a TENS unit.

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 cervical two times a week for four weeks:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS (neck and upper back) Treatment Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 8 and 99, which are part of the MTUS.

Rationale for the Decision:

While the MTUS Chronic Pain Medical Treatment Guidelines do endorse a general course of 9 to 10 sessions of therapy for myalgias and/or myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that demonstration of function improvement at various milestones in the functional restoration program is needed to justify continued treatment. The medical records provided for review indicate the employee has had prior unspecified amounts of physical therapy over the life of the claim. There is no evidence of functional improvement with prior treatment. The fact that the employee remains off work, on total temporary disability, and using numerous analgesic medications argues against functional improvement as defined in Section 9792.20. **The request for physical therapy cervical two times a week for four 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.