

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/24/2013

10/2/2002

7/31/2013

CM13-0005581

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two (2) times a week for three (3) weeks for back pain is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **physical therapy two (2) times a week for three (3) weeks for back pain 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 patient is a 62-year-old male with reported chronic low back pain and paraplegia reportedly associated with an industrial injury on 10/2/02.

Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; and transfer of care to and from various providers in various specialties; a walker; 58 sessions of physical therapy over the life of the claim, including 26 sessions in 2013 alone; and extensive periods of time off of work. In a utilization review report dated 7/24/13, the claim's administrator denied a request for six additional sessions of physical therapy.

The applicant's attorney later appealed.

In a handwritten progress report dated 7/17/13, which is not entirely legible, the patient presents with chronic low back pain and is using Norco for pain relief. The patient agrees to eschew usage of alcohol or street drugs. It is stated that the patient will try and walk with crutches and will work with physical therapy to try and achieve that goal.

### **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 (2) times a week for three (3) weeks for back pain:**

#### 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, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3, and the Chronic Pain Medical Treatment Guidelines, pg. 99, which are part of the MTUS.

#### Rationale for the Decision:

MTUS guidelines indicate that the value of physical therapy increases with a clear description of the specific diagnosis and lesion causing an applicant's complaints and symptoms. In this case, the medical records submitted for review do not note the source of the employee's issue is, the reason the employee is unable to ambulate and the employee's need for a walker and/or crutches. Moreover, there is a lack of documentation provided as to the reason the employee needs further treatment. The record indicates that the employee has already had prior treatment in 2013 with 26 sessions, in the excess of the 9- to 10-session course recommended per the MTUS Chronic Pain Medical Treatment Guidelines. Finally, the submitted documentation fails to clearly establish the presence of functional improvement as defined in MTUS 9792.20f, following completion of prior therapy. The record indicates that the employee has significant difficulty in terms of performance of activities of daily living and does not appear to have returned to work. The record further indicates that the employee is highly reliant on medical treatment including various medications such as Norco, Cymbalta and Neurontin. Therefore, the original utilization review decision is upheld. **The request for physical therapy two (2) times a week for three (3) weeks for back 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.