

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	2/25/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006089

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy three times a week for six weeks for lumbar is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 three times a week for six weeks for lumbar 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 patient is a 54-year-old male who has complaints of low back pain, with a diagnosis of lumbago. His DOI is 2/25/2011. He has had 6 PT visits to date. His exam reveals decreased ROM, with flexion and bilateral side at 50 percent. Prior treatment included epidural injections x6, he has had an EMG that was normal, although the patient complains of radiculopathy symptoms. The patient is taking Lortab, gabapentin and Keflex.

### **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 employee representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for physical therapy three times a week for six weeks for lumbar:**

#### 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 is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, physical medicine, page 98, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend physical medicine with active treatment. The goals include improvement in function and range of motion. The guidelines allow for fading treatment, from 3 visits to 1 visit per week or less. The guidelines also recommend 9-10 visits for myositis and myalgia, and 8-10 visits for 4 weeks for radiculitis. The request for 18 visits exceeds guideline recommendations. There is no basis for extended physical therapy (PT) given in the record other than the employee has not had much PT since the date of injury. There are no goals or end points given. Without such criteria, eighteen (18) sessions of PT would be inappropriate. **The request for physical therapy three (3) times a week for six (6) weeks for lumbar 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.