
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 3/4/2004
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008131

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/04/2004. Treating diagnoses have included pain in the lower leg and pelvis, lumbar disc displacement, lumbosacral spondylosis, and chronic neck pain. This patient has received extensive past treatment including past physical therapy and also more recently 20 functional restoration program sessions through 02/15/2013, medications, and instruction in the use of a cane and home exercise program. As of 06/18/2013, the patient reported axial low back pain and overall improvement since the functional restoration program. The patient was using a cane with an antalgic gait which was approved from previously. The patient had a well-healed right hip scar from a past total hip replacement and well-preserved range of motion. Lumbar MRI imaging of 01/06/2011 demonstrated degenerative spondylolisthesis and a subligamentous disc protrusion at L4-L5 with possible L4 and L5 nerve impingement. Overall, a prior reviewer concluded that the records did not establish a basis for additional supervised therapy.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 8 physical therapy sessions to the lumbar is not medically necessary and appropriate.

The Claims Administrator based its decision on the: Not clear from the UR determination

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, states, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine."

This patient has undergone extensive test treatment for this condition including instruction in an independent home exercise program. The medical records do not provide a rationale as to why this patient at this time requires additional supervised rather than independent home rehabilitation. This request is not medically necessary.

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.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]