

**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:	7/16/2013
Date of Injury:	2/8/2013
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008821

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy two (2) times a week for four (4) weeks to treat the lumbar region is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 **additional physical therapy two (2) times a week for four (4) weeks to treat the lumbar region 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 Physical Medicine and Rehabilitation, 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 59-year-old male who sustained an occupational injury on 02/08/2013. The patient indicates that, while at work, he lifted a trash can and put it in the dumpster when he felt a sharp pain in his lower back. The patient's pain progressed to the point where, on 02/16/2013, he was unable to ambulate and his son called EMS to take him to the hospital. The patient was treated with IV pain medication in the emergency department and x-rays of the lower back, chest, abdomen, and an MRI were done. The MRI done on 02/16/2013 read by Dr. [REDACTED] revealed advanced multilevel degenerative disc disease with moderate to marked disc space narrowing, with the focal protrusions and secondary spinal canal lateral recess and neural foraminal stenosis which impinges on the left L3 nerve root with a lateral recess, right L4 nerve root appears slightly impinged, L5 nerve roots are impinged laterally, and left S1 nerve root impinged in lateral recess. X-ray of the lumbar spine on 02/16/2013 revealed diffuse disc degeneration disease noted throughout the lumbar spine, but especially at the L1-3 level and at the L5-S1 level. Endplate osteophytes with sclerosis were noted. Chest x-ray and abdomen x-rays were both unremarkable. The patient's low back pain has subsequently been treated with 12 sessions of physical therapy.

### **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 [REDACTED]
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for additional physical therapy two (2) times a week for four (4) weeks to treat the lumbar region:**

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 Chronic Pain Treatment Guidelines for Physical Medicine, pages 98-99, which are part of the MTUS.

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Treatment Guidelines for Physical Medicine, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

The California MTUS states that physical therapy visits should allow for tapering of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical therapy with a recommended number of visits being a maximum of 10 visits over 4 weeks. The medical records provided for review indicate that this employee has already utilized 12 sessions of physical therapy to date. This request for additional physical therapy far exceeds the recommended guidelines. The records also fail to indicate any exceptional factors for the employee to continue with physical therapy treatments outside of the guideline recommendations. Further, the employee should already have been instructed in, and be proficient in, a home exercise program at this point in treatment. Given the above, the request cannot be supported. **The request for additional physical therapy two (2) times a week for four (4) weeks to treat the lumbar region 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.