

Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

IMR Case Number:	CM13-0009442	Date of Injury:	04/02/2013
Claims Number:	[REDACTED]	UR Denial Date:	07/29/2013
Priority:	STANDARD	Application Received:	08/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
1) RIGHT SI JOINT INJECTION; 2)CONTINUED PHYSICAL THERAPY FOR THE LUMBAR SPINE AND ALSO COVER THE GLUTEAL WEAKNESS AND SACRAL MOBILIZATION (FREQUENCY AND DURATION UNSPECIFIED)			

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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]
- [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 IMR application shows the patient with a 4/2/13 injury is disputing the 7/29/13 UR decision. The 7/29/13 UR decision is from [REDACTED], and approves the right SI injection and modified PT for the lumbar spine to a trial of 6 sessions. The letter states that there were 6 sessions approved on 4/25/13 and an additional 6 visits on 5/24/13 for a total of 12 sessions.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continued physical therapy for the lumbar spine and also cover the gluteal weakness and sacral mobilization (frequency and duration unspecified) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The request before me is for continuation of PT for the lumbar spine and gluteal weakness and sacral mobilization, frequency and duration unspecified. The records show the patient was authorized 6 sessions of PT on 4/25/13 and another 6 sessions on

5/24/13 and another 6 sessions on 7/26/13. The IMR application shows the dispute is with the 6 sessions of PT approved on 7/26/13, but it is unknown how many visits the physician was requesting. MTUS guidelines recommend 8-10 sessions of PT for various or unspecified myalgias or neuralgias. Without knowing what the duration or frequency of the request is, it cannot be confirmed to be in accordance MTUS criteria. It appears that the 8-10 sessions of PT may have already been exceeded as there are 12 PT notes from 4/30/13-6/19/13.

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]

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