

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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

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

- 1) MAXIMUS Federal Services, Inc. has determined the requested moist heat packs **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/27/2013 disputing the Utilization Review Denial dated 6/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 requested moist heat packs **are 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 Internal 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 19, 2013

“The patient is a 25 year old male with a date of injury of 2/24/2013. Under consideration are prospective requests for 12 sessions of chiropractic manipulation/physiotherapy, an unknown moist heat packs, and an unknown prescription of Bio-Freeze topical pain reliever gel.”

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 for Independent Medical Review (dated 6/27/2013)
- Utilization Review Decision from [REDACTED] (dated 6/19/2013)
- Employee Medical Records from [REDACTED] DC (dated 6/14/13)
- Low Back complaints (ACOEM Practice Guidelines, 2nd Edition (2004), pg 300

1) Regarding the request for moist heat packs:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 162 and pg. 300, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related low back injury on 2/24/13. The medical records provided and reviewed show treatment has consisted of chiropractic treatments with diagnoses of cervical/lumbar sprain/strain, radiculitis, sciatica, thoracic segmental dysfunction, myofasciitis, and myalgia. The medical report of May 31, 2013, indicates overall improvement.

ACOEM Guidelines indicate application of moist heat by a health care provider in conjunction with an exercise program may have some short-term value in the treatment of acute low back pain for a single treatment, primarily for demonstrative and educational purposes for at-home use. The heat pack therapy in question was requested for in-office use. The records provided for review show no medical indication for in-office application of moist heat packs. Moist heat packs **are 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pr

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.