

Independent Medical Review Final Determination Letter

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

Dated: 12/31/2013

IMR Case Number:	CM13-0018142	Date of Injury:	04/30/2007
Claims Number:	[REDACTED]	UR Denial Date:	08/22/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
AQUATIC PHYSICAL THERAPY			

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; unspecified number of epidural steroid injections; transfer of care to and from various providers in various specialties; attorney representation; the apparent imposition of permanent work restrictions through an agreed medical evaluation.

In a utilization review report of August 22, 2013, the claims administrator denied a request for aquatic therapy. The applicant's attorney later appealed, on August 27, 2013.

An earlier clinical note of August 2, 2013 is notable for comments that the applicant reports heightened low back pain with associated stiffness and restricted range of motion appreciated on exam. Tenderness and spasm are also appreciated. Aquatic therapy is sought. The applicant is given refills of Naprosyn, tramadol, and Prilosec. Permanent restrictions are renewed.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. 8 aquatic physical visits for the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable, as, for example, with extreme obesity. In this case, however, there is no evidence of any specific diagnosis present here for which reduced weightbearing would be desirable. There is no evidence that the applicant is severely obese. There is no evidence that the applicant has difficulty ambulating owing to fractures of the lower limbs, etc. Therefore, the original utilization review decision is upheld. **The request for 8 aquatic physical visits for the lumbar spine is not medically necessary and appropriate.**

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]

CM13-0018142