

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	8/18/1992
IMR Application Received:	7/11/2013
MAXIMUS Case Number:	CM13-0001234

- 1) MAXIMUS Federal Services, Inc. has determined the requested for **back brace is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested for **back pillow is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested for **aquatic therapy 2 times a week for 6 weeks for lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 for **back brace is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested for **back pillow is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested for **aquatic therapy 2 times a week for 6 weeks for lumbar spine 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 Orthopedic Surgery, 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 July 2, 2013

"This is a 75 year old female per referral.

"Per the 6/07/13 office note, the claimant has ongoing low back pain with stiffness and weakness. The claimant finished six visits of PT a couple weeks ago. The injury date of 8/18/92."

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 (received 7/11/13)
- Utilization Review Determination (dated 7/2/13)
- Employee medical records from [REDACTED] MD (dated 2/26/13-6/7/13)
- Employee medical records from [REDACTED] MD (dated 10/4/12-11/28/12)
- Employee medical records from [REDACTED] (dated 10/30/12)
- Employee medical records from [REDACTED] (dated 3/11/13)

- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 297-300
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 22

1) Regarding the request for a back brace:

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. 297-301, which is a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 301, Lumbar supports, which is a part of the MTUS.

Rationale for the Decision:

The employee has ongoing low back pain with stiffness and weakness. The employee finished six visits of PT a couple weeks ago. The request is for a back brace.

CA MTUS states that “Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief”. A review of the records indicates that the employee was noted to be permanent and stationary from chronic conditions dating to 1992. There is not any indication of a change in condition or something of an acute nature that would warrant attempting symptomatic relief of the employee’s complaints with a lumbar support. **The request for back brace is not medically necessary and appropriate.**

2) Regarding the request for a back pillow:

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. 297-300, which is a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Knee Chapter- Durable Medical Equipment.

Rationale for the Decision:

The employee has ongoing low back pain with stiffness and weakness. The employee finished six visits of PT a couple weeks ago. The request is for a back pillow.

There are no known well-controlled studies that suggest that the “back pillow” would be any more effective than a simple pillow that an injured person could easily use at home in this setting. CA MTUS Chronic Pain states, “No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention”. Official Disability Guidelines state that “Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature”. The back pillow would be considered along the lines of an environmental modification and would not be considered primarily medical in nature; additionally, CA MTUS recommends education for facilitation of self-management of symptoms; these things would not support that there is a medical necessity for the requested back pillow. After a review of the records indicates that this employee should be able to make simple modifications with use of a simple pillow from home or a blanket role – these could provide the same non-medical need for comfort. **The request for back pillow is not medically necessary and appropriate.**

3) Regarding the request for aquatic therapy 2 times a week for 6 weeks for lumbar spine:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 22, which is a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 22, aqua therapy and pg. 98-99, physical medicine, which is a part of the MTUS.

Rationale for the Decision:

The employee has ongoing low back pain with stiffness and weakness. The employee finished six visits of PT a couple weeks ago. The request for a **Error!** **Reference source not found.**

California MTUS 2009 Chronic Pain page 22 discusses aqua therapy. They recommend this as an optional form of exercise therapy where available and as an alternative to land-based therapy. They note that aqua therapy can minimize the effects of gravity so as recommended where reduced weight bearing is desirable. The treatment would have to address a specific medical indication. Medical indications could include obesity, or perhaps a medical restriction of weight-bearing on a joint. A review of the records indicates that there is no

apparent specific medical indication. It is noteworthy that there has been a recent course of therapy however it is not clear as to if any significant functional gains were attained as a result of that treatment. In this setting, with a chronic condition and flare of symptoms, the goal would be the implementation of a home exercise program as soon as possible after a short course of formal therapy. **The aquatic therapy 2 times a week for 6 weeks for lumbar spine 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, 18th 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.