
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

1/23/2003

7/17/2013

CM13-0001878

- 1) MAXIMUS Federal Services, Inc. has determined the request for Interferential unit **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for independent gym membership at YMCA for 18 months **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 Interferential unit **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for independent gym membership at YMCA for 18 months **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 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 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 12, 2013:

"The patient is a 42 year old male with a date of injury of 1/23/2003. The provider is requesting 1 prescription of Ibuprofen 800mg #90 with 2 refills, 1 prescription of Gralise 600mg #90 with 2 refills, 1 interferential unit, 18 month independent gym membership at YMCA, 6 sessions of physical therapy and 1 x-ray series of the lumbar spine (AP, lateral, flexion and extension views). The patient has a long standing history of chronic lower back pain with a history of 10 prior lumbar surgeries. He has a prior history of addiction related to narcotics and recreational use of drugs. He has been undergoing counseling and drug program and is presently doing well. He was recently seen in follow up by Dr. [REDACTED]. As per the report dated 7/3/13, the patient had subjective findings of increased burning pain reported in the lower extremities bilaterally with associated spasm. The pain was also in the right aspect of low back and right hip region. He also reported pain in the lower thoracic region and low back ranging from 3-7/10 with an average pain of 5/10; burning pain was reported progressing. Objective findings included thoracic spine tenderness over the lower thoracic segments along the midline without evidence of muscle spasms. Straight leg raise was normal. Facets were diffusely tender bilaterally in the lower thoracic and lumbar regions, while facet loading test was negative bilaterally. Lumbar spine extension was very limited. There was allodynia and hypersensitivity along the lateral aspect of the right leg and dorsum of the right foot. There was decreased sensation to touch and pinprick over distal aspects of both feet. There was also weakness of both extensor hallucis longus muscles, and upon dorsiflexion of the right foot. The patient was diagnosed with chronic pain syndrome,

post laminectomy syndrome in the lumbar region, degeneration of lumbar intervertebral disc, degeneration of thoracic intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic spondylosis without myelopathy, obesity, type II diabetes with neurological manifestations, and bipolar disorder.”

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 7/17/13)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee medical records for [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for Interferential unit :

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 (2009) (no page cited), 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 cited the Chronic Pain Medical Treatment Guidelines, pg. 120, which is part of MTUS, as relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on January 23, 2003, resulting in low back and right lower extremity pain. The medical records provided for review indicate treatments have included medication management, multiple back surgeries, psychotherapy, addiction treatment/counseling, and physical therapy. The request is for an Interferential Unit.

MTUS guidelines indicate that the criteria for pursuit of interferential stimulation include a history of substance abuse that would make a provision of analgesic medications unwise. Based on the medical records provided for review the employee does have a history of multi-drug substance abuse. The request for an Interferential unit **is medically necessary and appropriate.**

2) Regarding the request for independent gym membership at YMCA for 18 months:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back – Lumbar & thoracic (Acute & Chronic), a Medical Treatment Guideline (MTG), which is not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that the Medical Treatment

Utilization Schedule (MTUS) did not address the topic of Gym Membership. The Expert Reviewer based his/her decision on Official Disability Guidelines (ODG).

Rationale for the Decision:

The employee sustained a work-related injury on January 23, 2003, resulting in low back and right lower extremity pain. The medical records provided for review indicate treatments have included medication management, multiple back surgeries, psychotherapy, addiction treatment/counseling, and physical therapy. The request is for independent gym membership at the YMCA for 18 months.

The Official Disability Guidelines (ODG) do not recommend a gym membership as a medical prescription unless there is some evidence that a home exercise program has been tried and/or failed and that there is some evidence that specialized equipment is needed. Based on the medical reports provided for review there is no evidence that specialized equipment is needed. The request for independent gym membership at the YMCA for 18 months **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;

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

/ejf

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.