
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 7/23/2013
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002204

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 aquatic therapy sessions for the lumbar spine 2 times a week for 6 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 12 aquatic therapy sessions for the lumbar spine 2 times a week for 6 weeks **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 Physical Medicine & Rehabilitation 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 10, 2013:

“This patient has a date of birth of 11/28/1985 and a date of injury reported as 07/23/12, and has been reportedly treated for chronic low back pain radiating into her left posterior hip/thigh. The mechanism of injury occurred while she was lifting boxes. The diagnosis was lumbosacral strain and cervical strain. She has had investigations with lumbar MRI (10/02/12), which showed mild facet disease in the lower lumbar spine without any findings of foraminal narrowing or spinal stenosis or nerve root impingements. She was significantly overweight. She has been treated with anti-inflammatory medications, analgesics, physical therapy, and acupuncture without significant benefit. The patient failed to improve with a land-based physical therapy program and the home exercise program demonstrated to her. On 3/11/13 chart review denied aquatic therapy requested as there was no documentation that she has been unable to do her land-based exercises. On 3/20/13 chart review denied lumbar facet blocks, as they were not medically necessary. On 04/11/13 follow up revealed acupuncture relieved symptoms about 30 - 40%. The exam revealed negative (straight leg raises) SLR's, tenderness T10- Ls with lower extremity manual muscle tests (LE MMT's) on the left of 4/5 and right of 5/5. The patient was given trigger point injections in the para-lumbar muscles. The patient has an attorney for her case and was returned to work (RTW) with restrictions. An MRI of the left elbow is pending. On 06/27/13 follow up revealed the patient (5'1", 170lbs) has a BMI (Body Mass Index) > 30 and the exam revealed LS sprain and positive left SLR. The plan was for aquatic therapy, and return to clinic in 6 weeks. EXPLANATION OF FINDINGS: [REDACTED], PA confirmed the above clinical summary findings and stated that the patient had minimal improvement with 12 physical therapy (PT) sessions some months ago. Requests for injections, etc have been denied. The patient is obese, but not morbidly/extremely obese per [REDACTED], PA. The patient was

able to do land based therapy in the past. The California MTUS (California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 22 of 127 pages), aquatic therapy states that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, ***as an alternative to land-based physical therapy***. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended, "where reduced weight bearing is desirable", for example ***extreme obesity***. Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." (Tomas-Carns, 2007). The patient does not meet the above MTUS guidelines to receive aquatic therapy at this time. The patient should have any necessary follow up visits and protocol should be changed if needed."

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 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 12 aquatic therapy sessions for the lumbar spine 2 times a week for 6 weeks:

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), page 22, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 22, 98-99, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 7/23/2012 and has experienced chronic low back pain radiating into the left posterior hip/thigh. Treatment has included 12 physical therapy sessions some months ago, which resulted in minimal improvement. A request was submitted for 12 aquatic therapy sessions for lumbar spine 2 times a week for 6 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines indicate aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 8-10 physical medicine visits. The records submitted for review indicate the employee has been treated for chronic low back

pain radiating into the left posterior hip/thigh. Aquatic therapy may be of benefit for this employee due to obesity. However, a request for 12 aquatic therapy sessions exceeds the guideline-recommended number of visits of 8-10. The request for 12 aquatic therapy sessions for lumbar spine 2 times a week for 6 weeks **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
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Oakland, CA 94612

/sab

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