
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 3/19/2003
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002471

- 1) MAXIMUS Federal Services, Inc. has determined the request for PT assisted aquatherapy for the low back times 12 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for TLSO brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/17/2013. 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 PT assisted aquatherapy for the low back times 12 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for TLSO brace **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 and 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 17, 2013

“ Review of the medical documentation identifies that the claimant sustained a remote industrial injury on 03118/03. The claimant has been under the care of the treating physician for lumbar postlaminectomy syndrome, cervical postlaminectomy syndrome, low back pain, and mood disorder .

The most recent PR-2 note dated June 27, 2013 is provided for review. The claimant presented with complaints of mid-back pain, back pain radiating from low back down both legs, lower backache, tingling over the left leg and right abdomen, and bilateral lower extremity weakness left greater than right. His pain is rated at 8/10 and sleep quality is poor. He reports radiating pain right greater than left. The physical examination revealed that the claimant's gait is assisted by a powered cart. The lumbar spine reveals the claimant is wearing an old TLSO brace.

On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted bilaterally. The claimant cannot walk on heels or toes. Light touch sensation is decreased in the left L5 distribution compared to the right. Motor testing is limited by pain. DTRs are 2/4 bilaterally and symmetrical. Medications were prescribed. Aquatic therapy was recommended as well as a TLSO brace.”

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 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/17/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for PT assisted aquatherapy for the low back times 12:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chronic Pain Medical Treatment Guidelines (2009) which are part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG) (current version) which not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 98-99 which is part of MTUS

Rationale for the Decision:

The employee sustained a work-related injury on 3/18/03 resulting in back pain, and pain radiating down the bilateral legs. The medical records provided for review indicate treatments have included medication management. The request is for physical therapy assisted aqua therapy for low back times 12.

The MTUS Chronic Pain Guidelines do recommend physical therapy for chronic pain, and it should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy, and it can minimize the effects of gravity, especially in cases of extreme obesity. In this case, the employee is morbidly obese, however the requested number of sessions exceeds the guideline recommendations. The request for physical therapy assisted aqua therapy for low back times 12 is not medically necessary and appropriate.

2) Regarding the request for TLSO brace:

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) (current version) which is not a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 300, which is a part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 3/18/03 resulting in back pain, and pain radiating down the bilateral legs. The medical records provided for review indicate treatments have included medication management. The request is for TLSO brace.

The MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records provided in this case indicate the employee's injury is from 2003, and the employee would not be considered in the acute phase of symptom relief. The request for TLSO brace 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

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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.