MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/1/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/23/2013
Date of Injury:	4/8/2009
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004077

1) MAXIMUS Federal Services, Inc. has determined the request for a GI consultation for colonoscopy **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy: an unspecified session of aquatic physical therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 a GI consultation for colonoscopy **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy: an unspecified session of aquatic physical therapy **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 22, 2013:

CLINICAL SUMMARY: The 54 year old patient reported an industrial injury on 4/08/2009, over four (4) years ago, to the lower back in the performance of his job duties attributed to lifting a power washer into the truck. The patient has received conservative treatment in the form of physical therapy, exercises, a prior lumbar ESI, and oral medications. The patient underwent a microdiscectomy to L4-5 on 10/8/2009 and a laminectomy was repeated during 12/2010.

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 (dated 7/29/13)
- Utilization Review Determination from [redacted] (dated 7/22/13)
- Medical Treatment Utilization Schedule (MTUS)

NOTE: No medical records were provided timely by the claims administrator, employee/employee rep.

1) **Regarding the request for GI consultation for colonoscopy:**

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) Guidelines, pg.127 (2004), which are part of the California Medical Treatment Utilization Schedule (MTUS).The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 4/8/09 and has experienced back pain. The medical records provided for review indicate that the employee was diagnosed with constipation due to slow transit and abdominal pain. The employee was diagnosed with lumbar spine radiculopathy status post anterior interbody fusion on 2/14/13. The progress report dated 7/2/13 notes that the employee complained of back pain with left lower extremity numbness, left testicular region pain, and constipation. The request was submitted for GI consultation for colonoscopy.

The ACOEM guidelines criteria recommends referral to a specialist if a diagnosis is uncertain or when the course of care may benefit from additional expertise. The medical records provided for review indicate that the patient's provider believed that additional expertise was necessary to establish the appropriate course of care. The medical records evidence that treatment recommendations included a follow up appointment for postoperative constipation and a follow up with urologist for postoperative genitourinary problems. Thus, the employee's provider indicated that the employee may benefit from additional expertise. **The request for GI consultation for colonoscopy is medically necessary and appropriate.**

2) **Regarding the request for physical therapy: an unspecified session of aquatic physical therapy (PT):**

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) Guidelines, (2004), the Chronic Pain Medical Treatment Guidelines, pg.22, and the Postsurgical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/8/09 and has experienced back pain. The medical records provided for review indicate that the employee was diagnosed with constipation due to slow transit and abdominal pain. The employee was diagnosed with lumbar spine radiculopathy status post anterior interbody fusion on 2/14/13. The progress report dated 7/2/13 notes that the employee complained of back pain with left lower extremity numbness, left testicular region pain, and constipation. The request was submitted for physical therapy: an unspecified session of aquatic physical therapy (PT).

The MTUS Chronic Pain guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land-based physical therapy. The postsurgical guidelines for physical medicine, recommends 34 visits over 16 weeks during the 6 month postsurgical treatment period for spinal fusion. The medical necessity for aquatic therapy appears to be consistent with the MTUS guidelines noted above, however it does not seem reasonable to approve the request for an unspecified number of sessions. **The request for physical therapy: an unspecified session of aquatic physical therapy (PT) is not medically necessary or 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.