

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	11/12/2010
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004966

- 1) MAXIMUS Federal Services, Inc. has determined the request for **game ready/cold unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TLSO brace is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **3 in 1 commode is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **game ready/cold unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TLSO brace is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **3 in 1 commode is 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for low back, neck and knee pain reportedly associated with cumulative trauma at work.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

The most recent note on file a July 2, 2013 utilization review report denying lumbar support, continuous cooling device and a commode. The utilization review report does endorse an L4-L5 compression surgery.

A prior clinical progress note of June 5, 2013 is notable for comments that the applicant has symptomatic spondylosis, L4-L5 stenosis, and left lower extremity radiculopathy. She has failed epidural steroid injection therapy. The applicant is asked to obtain a postoperative continuous cooling unit, a lumbar support, a walker and a commode

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for game ready/cold unit :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Continuous-flow cryotherapy, and Aetna's Clinical Policy Bulletin #0297 expounds on the Game Ready unit-cryoanalgesia and Therapeutic Cold, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, page 300, which is a part of MTUS.

Rationale for the Decision:

The MTUS does not address the request of high-tech continuous cooling devices. The third edition ACEOM guidelines, however, suggest that continuous cooling high-tech devices for delivery of cryotherapy is not recommended for the treatment of any chronic pain condition. This is echoed by the MTUS-Adopted ACOEM Guidelines in chapter 12, which suggests that at home applications of heat and cold are as effective as those provided by therapist or by implication, those furnished through high-tech means. **The request for game ready/cold unit is not medically necessary and appropriate.**

2) Regarding the request for TLSO brace :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Back brace, postoperative (fusion), which is not part of MTUS.

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

Rationale for the Decision:

As noted in the MTUS-Adopted ACOEM guidelines in chapter 12, lumbar supports have not been shown to have any lasting benefit outside of the acute phase, for symptoms relief purposes. Lumbar supports are not recommended in the chronic pain/postoperative context present here.

The request for TLSO (thoracolumbar support/lumbar orthosis) brace is not medically necessary and appropriate.

3) Regarding the request for 3 in 1 commode :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Aetna's Clinical Policy Bulletin # 0429, which is not part of the 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, (DME), which is not a part of MTUS.

Rationale for the Decision:

The MTUS does not address the topic. As noted in the ODG knee chapter durable medical equipment topic, however, commodes and the like may serve the medical purpose in individuals who are bed or room confined. In this case, the attending provider has seemingly suggested that the employee is undergoing spine surgery and may have some temporary period of immobility associated with the same. Usage of a commode in this context may be indicated. **The request is 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

/hs

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.