

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	12/21/2011
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008104

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical medicine aqua therapy for the low back area is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/15/2013. 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 **physical medicine aqua therapy for the low back area 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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 21, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 15, 2013, the claims administrator noted that the applicant had completed 16 sessions of physical therapy, including six sessions of land therapy in 2012 and 10 sessions of aquatic therapy in 2013.

A clinical progress note of May 16, 2013 is notable for comments that the applicant reports an antalgic gait. Applicant reports persistent low back pain. Applicant is using a cane to move about and exhibits diminished sensation about the lower extremities with a positive straight leg raise. Recommendations are made for the applicant to consider epidural steroid injection therapy; employ Norco, Relafen, and Neurontin for pain relief while remaining off of work, on total temporary disability, for additional one month. Additional aquatic therapy is also sought.

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 physical medicine aqua therapy for the low back area:

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), Low Back Chapter, physical therapy guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page 22, which is part of the MTUS and the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Activity Alteration, page 301, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines endorses aquatic therapy as an optional form of exercise therapy in those individuals in whom reduced weightbearing is desirable. The medical records provided for review do not provide evidence that the employee has a condition for which reduced weightbearing is desirable. While the employee does have chronic low back and neck pain, the guidelines endorse maximization rather than minimization of activity. The records indicate that the employee has had at least 10 prior sessions of aquatic therapy and failed to respond favorably to the same. The employee remains off of work, on total temporary disability, and continues to use multiple analgesic and adjuvant medications, including Norco, Relafen, and Neurontin, all of which suggest lack of functional improvement as defined in MTUS 9792.20f. Continuing aquatic therapy in this context is not indicated. **The request for physical medicine aqua therapy for the low back area 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,

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.