
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

1/4/2011

7/12/2013

CM13-0001328

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lower back **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for six visits of aquatic therapy **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 an MRI of the lower back **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for six visits of aquatic therapy **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

CLINICAL SUMMARY:

"[REDACTED] is a 55 year old (DOB: 03/19/57) male Maintenance Mechanic, employed by the [REDACTED], with a date of injury on 01/04/11 due to continuous trauma. The crurier has accepted: Lower Back Area, Spinal Cord-Neck and Mental/Mental. The crurier has Denied: Wrists (both) and Multiple Upper Extremities. The current work status is: Not addressed."

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 7/12/2013)
- Utilization Review Determination (dated 7/09/2013)
- Medical records from 6/24/2012 through 6/24/2013

1) Regarding the request for an MRI of the lower back:

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, 2nd Edition, 2004, Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment, page 303-304, part of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 1/04/2011. According to the submitted and reviewed medical records, the employee has had X-Rays, MRIs, CT scan, lower back surgery, physical therapy, and pain medications. The most recent medical record, dated 6/24/2013, indicated that the employee had continuing low back pain and occasional radiating leg pain, limited lumbar range of motion, and stiffness when walking. A request was submitted for an MRI of the lower back.

The medical records reviewed indicate that the employee has improved functionally and clinically since the 2012 low back surgery. The CT scan from 2/14/2013 revealed solid instrumented interbody fusion from L3-S1 without mention of stenosis or neural compression. The MTUS ACOEM guidelines indicate that "...CT remains a good test to evaluate bony or calcified structures as it is based on x-ray imaging. It is also widely thought to be sufficient to evaluate most patients with suspected disc herniation..." In this case a CT has already been done and has ruled out possible collapse of the device at L4-5 and there is no sign of pseudoarthrosis. The request for an MRI of the lower back is not medically necessary and appropriate.

2) Regarding the request for six visits of aquatic therapy:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, pages 98-99 and the Post Surgical Treatment Guidelines, 2009, Low Back section of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found both the Chronic Pain Guidelines and the Post-Surgical Treatment section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 1/04/2011. According to the submitted and reviewed medical records, the employee has had X-Rays, MRIs, CT scan, lower back surgery, physical therapy, and pain medications. The most recent medical record, dated 6/24/2013, indicated that the employee had continuing low back pain and occasional radiating leg pain, limited lumbar range of motion, and stiffness when walking. A request was submitted for six visits of aquatic therapy.

The MTUS Chronic Pain guidelines support active therapy to aid in the restoration of flexibility, strength, endurance, function, range of motion, and to help alleviate discomfort. Post-Surgical guidelines recommend 34 physical therapy visits over 16 weeks for post-surgical physical medicine treatment. The medical records reviewed indicate the employee appears to be outside the 6 month post-surgical physical medicine treatment period recommended by the CA MTUS Post Surgical Treatment Guidelines. However, submitted records indicate prior approved post-surgical physical therapy visits were not utilized, primarily because the employee had requested aquatic therapy not physical therapy. The records indicate the employee has participated in prior physical therapy as well as passive therapies but believes better results may be achieved with aquatic therapy. Therefore, the request for six aquatic therapy visits 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;

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.