
Notice of Independent Medical Review Determination

Dated: 9/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

3/7/2001

7/15/2013

CM13-0001592

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatic therapy for the lumbar spine three (3) times a week for four (4) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 aquatic therapy for the lumbar spine three (3) times a week for four (4) weeks **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 Family Practice, 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 3, 2013.

“The patient is a 53-year-old female who was injured on 3/7/01 due to an unspecified mechanism. She is currently diagnosed with lumbar intervertebral disc without myelopathy, lumbago, pain in the thoracic spine, and herniated nucleus pulposus at L5-S1. A request is made for 12 aquatic therapy visits for the lumbar spine. In the medical report dated 6/20/13, the patient is seen after she fell last week. She complains of thoracic-lumbar spine pain as well as left arm and hand pain. On physical examination, she has pain and tenderness to her lumbar spine, as well as decreased motion, decreased sensation and loss of strength. X-rays were taken of the thoracic and lumbar spine and showed disc herniation at the L5-S1. She has been prescribed Norco, Dyotin SR, Theraflex Cream and Bio-Therm Pain Relieving Lotion. As per the UR Nurse's clinical summary, she has had 18 authorized sessions of aquatic therapy to date. With the mention of a new and acute injury (fall), the request may be deemed appropriate.”

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
- Utilization Review by [REDACTED] (dated 7/3/13)
- Employee's Medical Records by [REDACTED] (dated 4/23/13)
- Employee's Medical Records by [REDACTED] (dated 6/28/13 thru 10/19/12)

- Employee's Medical Records by [REDACTED] Medical Group, Inc. (dated 5/9/13 thru 8/3/12)
- Employee's Medical Records by [REDACTED] PhD. (dated 6/3/13 thru 8/2/12)
- Employee's Medical Records by [REDACTED] (dated 05/31/13 thru 09/30/12)
- Employee's Medical Records by [REDACTED], MD (dated 6/14/13 thru 8/17/12)
- Employee's Medical Records by [REDACTED], MD (dated 7/10/12)
- Employee's Medical Records by [REDACTED] (dated 5/6/13 thru 9/17/12)
- Primary Treating Physicians Progress Report (dated 7/3/12)
- Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Pg 22

1) Regarding the request for aquatic therapy for the lumbar spine three (3) times a week for four (4) weeks:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Aquatic Therapy, pg. 22, which is 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 3/7/01. Diagnoses is lumbar intervertebral disc without myelopathy, lumbago, pain in the thoracic spine, and herniated nucleus pulposus at L5-S1. Current treatment includes Norco, Dyotin SR, Theraflex cream and Bio-Therm pain relieving lotion. The employee has had 18 aquatic therapy sessions to date. The request is for aquatic therapy for the lumbar spine three (3) times a week for four (4) weeks.

The MTUS Chronic Pain Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Per the MTUS guidelines, up to 10 visits over eight weeks of therapy would benefit those with acute exacerbations of chronic back pain. Medical records submitted and reviewed indicate the employee has exacerbated a chronic injury from 2001 with a recent injury. Documentation reviewed shows that the employee is obese and has had 18 therapy sessions to date which exceeds the amount of treatments that meet the guidelines. The request for aquatic therapy for the lumbar spine three (3) times a week for four (4) weeks 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

/ldh

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.