
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/5/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003070

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatic therapy two times four to the lumbar **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 two times four to the lumbar **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer 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 8, 2013:

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Review of the medical documentation identifies the claimant sustained an industrial injury (date of injury is not provided). The claimant has been under the care of treating physician for cervicalgia, lumbago, lumbar sprain.

Most recent progress note dated June 25, 2013 is provided for review. He presented with complaints of minimal relief from the recent lumbar epidural steroid injection. There is still pain across the lower back with radiating right buttock pain. Physical examination revealed less tender across the lower back and right buttocks, better mobility. It was recommended the claimant undergo pool therapy x 8 for spinal stabilization program, myofascial release, and poor exercise program, as well as continue Motrin. The claimant is permanent and stationary.

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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 7/24/13)
- Utilization Review Determination from [REDACTED]
- Medical records submitted by Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request** aquatic therapy two times four to the lumbar :

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 a part of Medical Treatment Utilization Schedule (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 sustained a work-related injury on 5/5/11. The medical records provided for review indicate treatments have included lumbar epidural steroid injection. The request is for aquatic therapy two times four to the lumbar.

MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, and as an alternative to land based physical therapy with documented evidence of comprehensive physical examination, failed trials of land based physical therapy, and functional deficits. There was no comprehensive physical examination submitted for review. There is no indication why the employee could not participate in a land based physical therapy program. Also, there are no functional deficits submitted for review to warrant the need for any rehabilitation therapy. The request for aquatic therapy two times four to the lumbar **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
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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.