

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 12/12/2007
IMR Application Received: 8/9/2013
MAXIMUS Case Number: CM13-0008778

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The Patient is being treated for a work related injury that occurred on 12/12/07 with subsequent lumbar decompression followed by fusion on 8/5/11. The patient has had facet rhizotomy on 6/27/13 but with significant residual pains. Medical note dated 6/27/13, Dr. [REDACTED] believes that pool therapy would be helpful, along with a gym membership. Diagnosis are multilevel degenerative disc disease, NCV study evidence of bilateral S1 radiculopathy, and s/p decompression L4-S1 with fusion. Clinical documentation noted on 8/6/13, Dr. [REDACTED] recommended and agreed with epidural steroid injection. Additional notes from Dr. [REDACTED] on 5/14/13, reported that CT scan reviewed with everything intact for fusion, and that Dr. [REDACTED] has requested a diagnostic block of the hardware. Dr. [REDACTED] notes as of 2/13/13, the patient continues to have axial back pain. Dr. [REDACTED] notes on 7/25/13, the patient ambulates with cane, is miserable with pain, and waiting for an epidural. Dr. [REDACTED] recommends reducing medication, and psychological evaluation due to emotional symptoms and pain.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Pool therapy times 12 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines recommends no more than 8-10 sessions of therapy for neuralgia, neuritis and radiculitis. The employee suffers from chronic and persistent pain in the low back with radiation of symptoms into the legs and there is no documentation indicating that the employee has attended physical therapy or water therapy within the last 12 months. The medical record provided for review indicates a request for aqua therapy 12 sessions which exceed MTUS guidelines. **The request for pool therapy times 12 is not medically necessary and appropriate.**

2. Gym membership times 6 is not medically necessary and appropriate.

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

The Physician 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 Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Guidelines on Gym Membership for Low Back, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS/ACOEM guidelines do not discuss gym memberships. Official Disability Guidelines specifically states "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." The medical records provided for review does not indicate what home exercises the employee is performing, and there is no documentation of a periodic assessment and revision of the employee's home exercise program. Additionally, there is no discussion of the need for any specific exercise equipments. **The request for gym membership times 6 is not medically necessary and appropriate.**

/js

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.

[REDACTED]

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