
Notice of Independent Medical Review Determination

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/1/2013
Date of Injury: 1/2/2013
IMR Application Received: 5/15/2013
MAXIMUS Case Number: CM13-0000371

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic care for the lumbar spine (3 times a week for 3 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for massage therapy for the lumbar spine (3 times a week for 3 weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/15/2013 disputing the Utilization Review Denial dated 5/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 chiropractic care for the lumbar spine (3 times a week for 3 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for massage therapy for the lumbar spine (3 times a week for 3 weeks) **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer a licensed Chiropractor 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 May 1, 2013.

This injured worker is a 32 year-old male (██████████) who sustained injury on 1-2-13.

1-15-13: The claims examiner approved an initial course of physical therapy at 3x3, the purchase of a single point cane and an MRI of the lumbar spine.

2-25-13: The claims examiner approved an orthopedic consultation for the low back, chiropractic treatment at 2x3 and EMG/NCV testing of the left lower extremity.

2-26-13: The claims examiner extended the expiration date on the initial course of physical therapy at 3x3 for the lumbar spine.

4-1-13: The claims examiner approved additional chiropractic treatment at 2x3 for the lumbar spine from 3-25-13 through 5-9-13.

4-17-13: There is a progress report dated 4-17-13 from ██████████ M.D. documenting complaints of low back pain rated at 8/10 with numbness and tingling in the left leg. The patient was not working because his employer could not accommodate his work restrictions. The patient had completed 6 physical therapy sessions for the low back with little benefit. He also completed 5 chiropractic treatments for the low back and per the patient, improved approximately 60%. The MRI of the lumbar spine was apparently normal, without significant abnormality. Lumbar flexion was to 70 degrees, extension to 25 degrees and side bending to 20 degrees bilaterally. The neurological examination was without significant abnormality. The treatment plan included medications and additional chiropractic treatment with massage therapy at 3x3 for the lumbar spine.

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 Documentation by [REDACTED] (dated 5/1/13 to 6/12/13)
- Doctor's First Report of Occupational Injury or Illness by [REDACTED], M.D. (dated 1/7/13)
- Initial Orthopedic Consult Report by [REDACTED] (dated 3/25/13)
- Medical Records by [REDACTED], D.C. (dated 1/2/13 to 3/25/13)
- Medical Records by [REDACTED], M.D. (dated 1/21/13 to 7/26/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004 – Chapter 12: Low Back, page 299
- Official Disability Guidelines (ODG) – Chiropractic Guidelines, Lumbar Spine
- Chronic Pain Medical Treatment Guidelines (2009), pages 58-60, Manual Therapy & Manipulation
- Post-Surgical Treatment Guidelines (2009), Postsurgical Management section

1) Regarding the request for chiropractic care for the lumbar spine (3 times a week for 3 weeks):

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

The Claims Administrator based its decision on the following sections of the California Medical Treatment Utilization Schedule (MTUS): the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004); the Chronic Pain Medical Treatment Guidelines (2009), page 58-60, Manual Therapy & Manipulation section; and the Post-Surgical Treatment Guidelines (2009), Postsurgical Management section. The Claims Administrator also cited Official Disability Guidelines (ODG) – Chiropractic Guidelines, Lumbar Spine section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain section of the MTUS used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 1/2/2013 and has experienced low back pain with numbness and tingling in the left leg. Treatment to date has included chiropractic treatment and physical therapy. A request was submitted for chiropractic care for the lumbar spine (3 times a week for 3 weeks).

The MTUS Chronic Pain Guidelines, page 59, recommends a trial of chiropractic care and indicates continued visits may be appropriate if satisfactory clinical gains are achieved from the trial. The employee has received a trial of chiropractic care but there is no documented functional improvement. Specifically, the treating physician reports dated 4/17/2013, 5/01/2013 and 6/04/2013 do not document any functional improvement. The guideline criteria

for continued chiropractic care are not met. The request for chiropractic care for the lumbar spine (3 times a week for 3 weeks) is not medically necessary and appropriate.

2) Regarding the request for massage therapy for lumbar spine (3 times a week for 3 weeks):

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

The Claims Administrator based its decision on the following sections of the California Medical Treatment Utilization Schedule (MTUS): the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004); the Chronic Pain Medical Treatment Guidelines (2009), page 58-60, Manual Therapy & Manipulation section; and the Post-Surgical Treatment Guidelines (2009), Postsurgical Management section. The Claims Administrator also cited Official Disability Guidelines (ODG) – Chiropractic Guidelines, Lumbar Spine section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain section of the MTUS used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 1/2/2013 and has experienced low back pain with numbness and tingling in the left leg. Treatment to date has included chiropractic treatment and physical therapy. A request was submitted for massage therapy for the lumbar spine (3 times a week for 3 weeks).

The MTUS Chronic Pain Guidelines, page 60, indicates massage therapy should be limited to 4-6 visits in most cases. In this case, the employee has already been approved for physical therapy, in conjunction with chiropractic treatment. The request for massage therapy for the lumbar spine (3 times a week for 3 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

/dj

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.