
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]

5/14/2013

3/14/2013

6/5/2013

CM13-0000570

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic/physiotherapy 1-3 times a week for 2 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/5/2013 disputing the Utilization Review Denial dated 5/14/2013. 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 chiropractic/physiotherapy 1-3 times a week for 2 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 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 May 14, 2013

“PR-2 dated 04/25/13 indicates that the claimant's condition is overshadowed by psychosocial and pre-existing regimens of care that may interfere with the long term outcome of this condition. The provider have requested all prior medical records and not received them. The degeneration has been well augmented through plain view radiographs. The low back pain waxes and wanes with objective residuals in the form of radiculopathy, straight leg raise and straight leg raise test with dorsiflexion and dermatomal tract pain L4-5, L5-S1. The claimant has had haphazard care in an uncontrolled manner. The clinical symptoms have not improved. The claimant is on oral medications. The provider recommends MRI of the lumbar spine and additional chiropractic-physiotherapy treatments. The claimant remains at regular work and stoically so. Per claim, claimant has attended 10-12 chiropractic/physiotherapy sessions to date with some improvement. UR will certify the request for MRI of the lumbar spine as claimant continues with low back pain that radiates down left side and has not improved greatly with conservative therapy.”

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 6/5/13)
- Utilization Review Determination from [REDACTED] (dated 5/14/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, pg. 299-300
- Medical Records from [REDACTED] (dated 3/18/13 – 5/7/13)
- Medical Records from [REDACTED] (dated 3/18/13 – 7/15/13)

1) Regarding the request for chiropractic/physiotherapy 1-3 times a week for 2 weeks:

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), 2nd Edition, 2004, Chapter 12, pg. 299-300, 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/14/2013 resulting in lower back pain. The submitted records note diagnoses that include thoracic sprain, lumbar sprain, bilateral sciatic tract neuritis, and thoracolumbar degenerative joint disease supported by radiograph. The medical records reviewed indicate prior treatment has included medications and chiropractic/physiotherapy sessions. A request has been submitted for chiropractic/physiotherapy 1-3 times a week for 2 weeks.

ACOEM guidelines recommend a total of 18 chiropractic/manipulation visits for the low back over 6-8 weeks when there is evidence of objective functional improvement. In this case, the submitted medical records do not demonstrate objective functional improvement after 10 sessions of chiropractic care. ACOEM guidelines do not support additional chiropractic care in this setting. The request for chiropractic/physiotherapy 1-3 times a week for 2 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

/srb

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.