

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for Chiropractic visits, one (1) time per week for twelve (12) weeks, for the Lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/21/2013 disputing the Utilization Review Denial dated 5/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/24/2013. 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 visits, one (1) time per week for twelve (12) weeks, for the Lumbar spine requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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 28, 2013

"Clinical summary: According to Patient charting Note dated 5/22/13 by [REDACTED], FNP, the patient's condition had improved slower than expected, presented with low back pain, described as sharp and constant, rated as 3/10 which was aggravated by standing, walking and sitting for long periods but alleviated by lying down; on modified activities as directed. Examination showed positive mild pain with lifting against resistance. The patient was diagnosed with sprain, lumbar region; and radiculopathy lumbar or thoracic spine. This is a request for chiropractic 1 per week for 12 weeks 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 (received 6/21/13)
- Utilization Review Determination (dated 5/28/13)
- Employee medical records from [REDACTED] (dated 5/7/13-7/8/13)
- Employee medical records from [REDACTED] (dated 4/17/13-6/17/13)
- Employee medical records from [REDACTED] (dated 2/13/13-3/27/13)
- Employee medical records from [REDACTED] (dated 6/10/13)
- Employee medical records from [REDACTED] (10/17/11)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction, pg. 58-60

1) Regarding the request for requested Chiropractic visits, one (1) time per week for twelve (12) weeks, for the Lumbar spine:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) page 58-60, which is part of the Medical Treatment Utilization Schedule. The provider did not dispute the guidelines used by the Claims Administrator. The Professional 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 back injury on February 11, 2013. The medical records provided and reviewed indicate treatment has included an MRI, physical therapy visits, oral analgesics, and chiropractic care. The employee is now more than 5 months post injury with remaining symptoms persisting past the anticipated healing period, meeting the criteria for chronic pain.

Chronic Pain Medical Treatment Guidelines recommend a trial of 6 chiropractic visits over a two-week period with documented evidence of functional improvement. The records reviewed do not document functional improvement from the completed chiropractic visits. The request for chiropractic visits, one (1) time per week for twelve (12) weeks for the Lumbar spine **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

/dl

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.