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## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

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|---|--|------------------------------|-----------|
| <b>IMR Case Number:</b>                                   | CM13-0011909   | <b>Date of Injury:</b>       | 10/2/2008 |
| <b>Claims Number:</b>                                     | ██████████   | <b>UR Denial Date:</b>       | 8/2/2013  |
| <b>Priority:</b>  | Standard   | <b>Application Received:</b> | 8/15/2013 |
| <b>Employee Name:</b>                                     | ██████████   |                              |           |
| <b>Provider Name:</b>                                     | ██████████ D.C.  |                              |           |
| <b>Treatment(s) in Dispute Listed on IMR Application:</b> | Please reference utilization review determination letter |                              |           |

DEAR ██████████

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, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in Texas. 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 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 a female with an unspecified date of birth noted who presents with a date of injury of 10/02/2008. The clinical note dated 07/25/2013 by Dr. [REDACTED] chiropractor orthopedist, documents the patient last received treatment in clinic in 08/2012. The provider documents since that time, the patient has been awaiting surgical consult. The patient was informed by a different provider that she had about a 20% change of improvement with surgical interventions. Therefore, the patient opted to defer invasive surgery at that time. Dr. [REDACTED] documents the patient has had 3 prior lumbar surgeries. The patient utilizes pain management physician for oral pain medications. The patient has had prior history of injections which have only afforded temporary improvement. Dr. [REDACTED] documents the patient's greatest improvements have come with a combination of aquatic therapy and chiropractic treatment. The provider documents aquatic therapy is the only exercise the patient can tolerate. Upon physical exam of the patient, the provider documents the patient sits with a positive right Minor sign. The patient complains of continuing loss of range of motion and continuing with progressive weakness of her back and legs. The patient is interested in getting back into the aquatic environment to try and increase her strength. Lumbar extension was 0; lateral flexion coefficients were reduced 80%. The provider documented the patients presenting diagnoses were chronic lumbar radiculopathy and status post lumbar surgery x3. The provider documented the patient is currently actively employed. The provider requested authorization for 6 chiropractic visits to consist of massage and manipulation. The provider reported the goal of treatment was to increase strength and endurance, decrease pain, and reduce dependence on narcotics.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. 6 Chiropractic visits for the low back is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination; reasoning for this decision was not stated in the clinical notes reviewed. There was 1 clinical note submitted for review by the requesting provider, Dr. [REDACTED], who documents the patient presents with continued lumbar spine pain complaints and functional deficits. The provider documented the patient's greatest relief of pain complaints is rendered with utilization of aquatic therapy and chiropractic treatment. However, California MTUS indicates, "A trial of 6 visits over 2 weeks with evidence of objective functional improvement; a total of up to 18 visits over 6 to 8 weeks is supported." The clinical documentation submitted for review lacks evidence of quantifiable objective functional improvements status post a previous course of chiropractic treatment for this patient. The provider fails to submit documentation evidencing the patient's baseline presentation for treatment and subsequent objective functional improvement status post treatment. Furthermore, the clinical notes did not evidence how many sessions the patient has utilized to date of chiropractic treatment since her injury in 2008. Given all of the above, the request for 6 chiropractic visits for the low back is not medically necessary or appropriate.

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.



CM13-0011909