

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: Select Date

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 9/7/2008
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012697

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

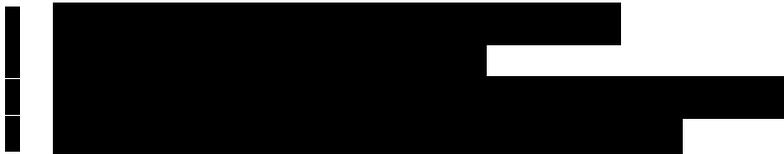
cc: Department of Industrial Relations, [REDACTED]

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 Orthopaedic Surgeon, and is licensed to practice in Louisiana and 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 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:



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 51-year-old female who reported an injury on 09/07/2008. The patient has current diagnoses to include stress fracture of the bilateral feet, neuroma, metatarsalgia, status post lumbar laminectomy surgery, and back pain. The patient is noted to have a history of low back and foot pain. The patient has positive bilateral straight leg raise at 70 degrees, pain on palpation of the lumbosacral spine, positive Gaenslen's, lumbar paravertebral muscle spasms, positive pelvic compression, pain on palpation of the 2nd and 3rd metatarsals on the right, hammertoe deformities on the 3rd through 5th toes bilaterally, bilateral feet swelling, and mild bunion formation bilaterally. The patient was recommended for chiropractic evaluation by his podiatrist.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic treatment 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, Manipulate, page 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines do recommend initial trial of 6 chiropractic therapy sessions for the lumbar spine, but state that care is not recommended for the ankle and foot. The documentation submitted for review indicates that the employee was recommended for chiropractic care by his podiatrist. It is unclear why the employee's podiatrist is recommending care for the lumbar spine when the employee is also being seen by a pain specialist who has

referred the employee for lumbar facet injections, consideration for SI joint injections, and medication management. The employee has previously received chiropractic care and there is lack of documentation of any significant objective functional improvement to support additional sessions. Furthermore, the request for chiropractic treatment is non-specific and does not include the intended body part, duration, and/or frequency. **The request for chiropractic treatment is not medically necessary and 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.

