

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/17/2013**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/30/2013  
Date of Injury: 5/23/2013  
IMR Application Received: 9/3/2013  
MAXIMUS Case Number: CM13-0019792

- 1) MAXIMUS Federal Services, Inc. has determined the request for **review of chiropractic treatment starting on 7/1/13 quantity 12 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **review of chiropractic treatment starting on 7/1/13 quantity 12 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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.

### **Expert Reviewer Case Summary:**

According to the available medical records, this is a 51-year-old male patient with gradual onset of mid and low back pain, 2-3/10, in April 2013 but it was manageable with over the counter pain medication. However, on 5/23/2013, he reportedly sustained a specific injury to his mid and lower back after lifting 18 batteries that weighted over 100 lbs each. His pain in the mid and lower back was rated 9-10/10 initially and radiated to both lower extremities. X-rays were obtained and patient was prescribed Anaprox and Norco and physical therapy. The provider's report dated 6/24/2013 noted low back pain radiating to the right lower extremity with emotional complaint of anxiety. Exam of the lumbar spine revealed a slight decrease in the lumbar lordotic curvature, tenderness to palpation was present over the paraspinal musculature and trapezius muscles bilaterally, straight leg raising test elicited radiating pain to the right calf and foot. The patient's range of motion of the lumbar spine was flexion 42 degrees, extension 13 degrees, right lateral flexion 14 degrees, and left lateral flexion 12 degrees. The patient had sensation to pinprick and light touch in the bilateral lower extremities was intact. Motor testing revealed 4/5 weakness of the right knee, flexors and extensors, and extensor hallucis longus, with patellar and Achilles reflexes of 1+ bilaterally. The patient's treatment includes Norco, Fexmid and Remeron.

### **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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

████████████████████  
██  
████████████████

**1) Regarding the request for review of chiropractic treatment starting on 7/1/13 quantity 12:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 – 9792.26, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Section, pages 58-59, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The medical records provided for review document this employee had 12 chiropractic treatments to his low back and mid back. However, based on the review of the medical records, there were no objective measurable gains in functional improvement of this employee to support chiropractic treatment. **The request for chiropractic treatment starting of 7/1/13 quantity 12 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sab

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.