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**Notice of Independent Medical Review Determination**

Dated: 8/22/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/24/2013
Date of Injury:	2/18/2013
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001060

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic visits 2 times a week for 3 weeks **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 6/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. 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 2 times a week for 3 weeks **is medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 24, 2013:

“The 38 year old male claimant allegedly sustained an industrial low back injury on 2/18/13 while cleaning the top of a vehicle. He has completed 16 sessions of chiropractic manipulation, with good results. Physical therapy was limited benefit. 6/11/13 note per Dr. [REDACTED] stated that claimant reported worsening pain. Lumbar range of motion as documented has deteriorated slightly from measurements by claimant’s chiropractor on 4/1/13. Neurological exam was normal. Provider stated that a orthopedic spine evaluation was pending. This is a request for chiro 2 x 3 for the low back.”

### 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 7/9/13)
- Utilization Review Determination (dated 6/24/13)
- Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy & Manipulation, pg. 48-49
- Medical Records from [REDACTED], MD (dated 2/1/13-7/2/13)
- Medical Records from [REDACTED] (dated 3/4/13-3/27/13)
- MRI Lumbar Spine without Contrast from [REDACTED] (dated 3/15/13)
- Office note from [REDACTED] (dated 6/27/13)
- Request for Authorization from [REDACTED], P.T (dated 7/11/13)

**1) Regarding the request for chiropractic 2 times a week for 3 weeks :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy & Manipulation, pg. 48-49, of the Medical Utilization Treatment 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:

On 2/18/13 the employee sustained an industrial injury to the low back. Medical records submitted and reviewed indicate treatment included; lumbar and thoracic spine MRIs; chiropractic visits; physical therapy sessions; and analgesics. A medical report dated 6/11/13 indicates the employee still continues to experience increased pain in the central spine. A request was submitted for chiropractic visits 2 times a week for 3 weeks.

MTUS Chronic Pain Guidelines allow for up to 24 chiropractic visits if there is documented evidence of objective functional improvement. Medical records reviewed indicate the initial treatment of (6 Visits) reduced the intensity and allowed for increased activities and return to modified work duties. The second phase of care with the addition of 8 visits had slightly decreased results, but was completed. The current request reflects a flare up/exacerbation of symptoms. The guidelines state extended durations may be necessary in exacerbation of symptoms. The request for additional chiropractic visits are within guideline recommendations. The request for chiropractic visits 2 times a week for 3 weeks **is 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  
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Oakland, CA 94612

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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.