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**Notice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/28/2013
Date of Injury:	4/30/2013
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001513

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of chiropractic care for the neck, low back, and right hip **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 12 sessions of chiropractic care for the neck, low back, and right hip **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert 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 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 28, 2013.

The patient is a 29-year-old male inventory associate who incurred a work-related injury to his low back while unloading a truck in the warehouse. Current diagnoses are cervical spine strain [rule out radiculopathy], lumbar radiculopathy, right hip contusion, and thoracic strain. There is a request for 12 Sessions of Chiropractic Care for the Neck, Low Back and Right Hip. In the initial comprehensive report dated 05/14/2013, the patient complained of continuous pain in the neck and base of his neck. His pain travels to his right shoulder and to the upper back. He has numbness in the base of his neck. He has stiffness and clicking in the neck and his pain is aggravated when he tilts his head up and down or moves his head from side to side. His pain increases with prolonged sitting and standing. He has difficulty sleeping and awakens with pain and discomfort. He also has complaints of continuous pain in the lower back which travels to his right hip and right leg. He has episodes of weakness. He states that coughing and sneezing aggravate his lower back pain and it increases with prolonged standing, walking, sitting activities and lying on his back. He has difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. He is having difficulty maintaining an erection. He has complaints of intermittent pain in his right hip. His pain travels to his right leg. He has a locking, clicking and grinding sensation in the hip. His pain increases with moving his leg or getting up from a seated position. The IW has been treated with physical therapy, acupuncture treatments, a heating pad, and pain medication, which provided improvement in the pain [not further described in terms of timing or severity]; however, the IW remains symptomatic.

Surgeries; None. Imaging: MRI of the cervical spine, MRI of the lumbar spine, done via Torrance Urgent Care per the note of 5/14/13 with no description of results. The most recent available note of 6/11/13 is reviewed. This mentions that the IW continues to have "significant pain," but the timing and severity are not further described. The physical exam encompasses the cervical spine, lumbar spine, and right hip, with "spasm is present" in the cervical spine and lumbar spine, and "greater trochanter tender to palpation," but no other abnormal findings. The two notes available for review state that the IW was prescribed medications, but these are not further described in terms of the identity of the medications, strength, or dosing schedule. Regarding the request for chiropractic care, per the CA Medical Treatment Utilization Schedule (MTUS), "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." As the IW's symptoms have not been described in terms of timing or severity, "positive symptomatic gains" will be difficult to assess. Per the current note, the only abnormalities on physical exam are "spasm is present" in the cervical spine and lumbar spine, and "greater trochanter tender to palpation." It is not clear that chiropractic care will address these findings. Absent this objection, chiropractic care for the neck and back per the CA Medical Treatment Utilization Schedule (MTUS) [which does not mention chiropractic care for the cervical spine or hip] is limited to an initial trial of 3-6 visits. Per the Official Disability Guidelines, an initial trial of 3-6 visits for the hip and 6 visits for the cervical spine is appropriate. The current request of 12 chiropractic visits is not supported. Therefore, the medical necessity of this request is not established.

#### **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
- Utilization Review Determination by [REDACTED] (dated 6/28/13)
- Primary Treating Physician's Supplemental Report
- Official Disability Guidelines (ODG) (2009), Neck Chapter, Low Back Chapter, Hip & Pelvis Chapter – Manipulation sections
- Chronic Pain Medical Treatment Guidelines (2009), pages 58-60

Note: The Claims Administrator did not submit medical records in this case.

#### **1) Regarding the request for 12 sessions of chiropractic care for the neck, low back, and right hip:**

##### 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), pages 58-60, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (2009), Neck Chapter, Low Back Chapter, Hip & Pelvis Chapter – Manipulation sections, which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/30/2013 and has been diagnosed with a cervical spine strain, lumbar radiculopathy, right hip contusion, and thoracic strain. Treatment to date has included imaging studies of the cervical and lumbar spine. A request was submitted for 12 sessions of chiropractic care for the neck, low back, and right hip.

The MTUS Chronic Pain Guideline recommends a trial of 6 chiropractic visits, and with evidence of objective functional improvement, a total of up to 18 visits. There is no evidence submitted to indicate the employee has had a trial of 6 visits with functional improvement. The request for 12 sessions of chiropractic care exceeds the guideline recommended amount. The request for 12 sessions of chiropractic care for the neck, low back, and right hip 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  
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