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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

12/27/2011

7/23/2013

CM13-0002664

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic/physiotherapy treatment, 6 sessions, for the lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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/physiotherapy treatment, 6 sessions, for the lumbar spine **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, 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 July 5, 2013:

Primary treating physician's permanent and stationary report dated 12/07/12 indicates that future medical treatment includes continued use of Gabapentin and periodic physical therapy visits for flare-ups of pain limited to no more than 6 visits per flare-up on a 1-2 times a year basis. The claimant is restricted to no lifting over 25 pounds and limited bending, twisting, and stooping.

Periodic report dated 06/12/13 indicates that medications and TENS unit helps in decreasing low back pain. On examination, there is antalgic gait, tenderness, and decreased range of motion. The provider recommends continued home exercise program and TENS unit and refill of medications. The claimant has been instructed to return to modified work.

Handwritten note dated 06/27/13 indicates that the claimant complains pain in the lumbosacral spine increased with activities of daily living. On examination, there is guarding with movements.

Handwritten note dated 07/02/13 indicates that the claimant complains of pain to spine especially at night. There is increased pain with activities of daily living. The claimant notes that pain affects sleep. The provider recommends continued current treatment plan.

Review of claim notes that the claimant was approved for 6 sessions of chiropractic/physiotherapy on 05/21/13 and has completed 8 sessions from 05/13 to 07/13.

The documentation submitted reflects that the claimant has ongoing symptoms in the lumbar spine. There are clinical deficits on examination including antalgic gait, tenderness, and decreased range of motion. Review of claim notes that the claimant was approved for 6 sessions of chiropractic/physiotherapy on 05/21/13 and has completed 8 sessions from 05/13 to 07/13. Current request is chiropractic/physiotherapy treatment x 6 sessions, lumbar spine.

### **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 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for chiropractic/physiotherapy treatment, 6 sessions, for the lumbar spine:**

#### 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, Low Back, and physical medicine, (no page cited), which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation, Low Back, and physical medicine, pg. 58, relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee sustained a work-related injury on 12/27/11 to the low back. The medical records provided for review indicate the diagnosis of degenerative disc disease and radiculopathy. The records indicate treatments have included periodic physical therapy visits for flare-ups of pain and medication management. The request is for chiropractic/physiotherapy treatment, 6 sessions, for the lumbar spine.

The MTUS Chronic Pain Medical Treatment Guidelines recommend manipulation for low back as an option. For therapeutic care, trial of 6 visits over 2 weeks are indicated, but with evidence of functional improvement total of up to 18 visits over 6-8 weeks are recommended. In this case, the medical records reviewed lack the evidence of objective functional improvement of the employee from the previous chiropractic visits. Therefore, the request for chiropractic/physiotherapy treatment, 6 sessions, for the lumbar spine **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  
1515 Clay Street, 18<sup>th</sup> Floor  
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.