

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/14/2013
Date of Injury:	8/1/2001
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004064

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic care two (2) times per week for five (5) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 care two (2) times per week for five (5) weeks **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 Orthopedic Surgery 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 14, 2013:

CLINICAL SUMMARY: [REDACTED] is a 50 year old male ([REDACTED]) Injured Worker with a date of injury on 08/01/2001. His leg caught on a piece of shrink wrap as he was getting on a forklift, causing him to twist his back, felt pain but continued working, later the same day bent down to lift a 90 pound box and felt low back pain. Work status is not addressed. Lumbar spine, neurogenic bladder has been accepted by the carrier. Psyche has been denied by the carrier.

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 7/29/2013)
- Utilization Review Determination from [REDACTED] (dated 7/14/2013)
- Medical Records provided by the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for chiropractic care two (2) times per week for five (5) weeks:

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 (2009), Manual therapy & manipulation, pages 58-60, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 8/1/2001 which resulted in low back pain. The employee's diagnosis for this request is L2-3 disc herniation with annular tearing, status post L3-S1 fusion. Treatments have included imaging, laminotomy, transforaminal epidural injection, medications and a home exercise program. A request for chiropractic care two (2) times per week for five (5) weeks was submitted.

The MTUS Chronic Pain Medical Treatment Guidelines states, "care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life." There was no documentation submitted demonstrating that prior manipulation was helpful in improving function, decreasing pain, and improving quality of life. The MTUS Chronic Pain guideline also states, "Recurrences/flare-ups – Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The employee has not returned to work, and the records provided do not indicate an acute flare-up, when comparing the recent office visits with the visit of July 2012. The request for chiropractic care two (2) times per week for five (5) weeks **is not medically necessary or 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, 18th Floor
Oakland, CA 94612

/skf

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.