

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	1/24/2010
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005174

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **chiropractic treatment in 2012 times nine sessions total-(cervical, thoracic and lumbar is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 retrospective request for **chiropractic treatment in 2012 times nine sessions total-(cervical, thoracic and lumbar 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 Chiropractor, has a subspecialty in Acupuncture 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:**

The patient is a 39 year old male with a date of injury of 1/24/2010. The patient was diagnosed with cervical strain, thoracic strain, lumbar strain, displacement of cervical and lumbar disc. According to the progress report dated 12/23/2012 by Dr. [REDACTED] D.C., the patient experienced pain in his neck, upper back, and lower back. The patient also stated that he gets headaches, feels stressed, and depressed. He also has difficulty sleeping and is having stomach pain. The patient's pain scale decreased from 5/10 to 2/10 after chiropractic treatment. It was noted that the patient's functional activities in terms of sitting, standing, walking, and lifting has improved since his visit on the 1/08/2012. The patient reported that when he is unable to take his medications, his pain is severe and he is unable to get up from bed. His pain increased with repeated motion and prolonged activities. Significant objective findings included restricted range of motion in his lumbar spine with pain and decreased cervical range of motion with pain. Lasegue's, Patrick, Kemps, cervical compression, Soto-Hall, and shoulder depression were positive. His grip strength was 70 pounds bilaterally. His dermatomes and reflexes in the upper and lower extremities were normal. Dr. [REDACTED] progress report dated 1/08/2012 noted that the patient had 13 chiropractic visits to date. In addition, the patient is having increased pain in his neck and back with radiating pain going to his left arm and left lower extremity. His pain level was 7/10 and decrease to 4/10 with better range of motion and less tenderness after treatment.

**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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for chiropractic treatment in 2012 times nine sessions total-(cervical, thoracic and lumbar):**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 CA Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, page 62, which is part of MTUS.

The Expert Reviewer based his/her decision on the CA Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pages 58-60, which are part of MTUS.

Rationale for the Decision:

According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to § 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. There was evidence of improvement in activities of daily living in the submitted documents. The number of sessions requested by the provider exceeded the recommended amount for flare-ups for the given year. **Therefore, the request for chiropractic treatment in 2012 times nine sessions total-(cervical, thoracic and lumbar 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

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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.