

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	2/25/2013
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006002

- 1) MAXIMUS Federal Services, Inc. has determined the request for **pain management consult is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic treatment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physiotherapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/21/2013. 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 **pain management consult is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic treatment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physiotherapy 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.

Expert Reviewer Case Summary:

The patient is a 44 year old male who reported an injury to his lumbar spine on 02/25/2013 when he is reported to have been lifting a box up from the floor to put it on a pallet and felt a strain in his lower spine. A clinical note dated 05/21/2013 signed by Dr. [REDACTED] reported that the patient complained of difficulty falling asleep due to pain, waking up during the night due to pain, symptoms of anxiety to pain or loss of work, and symptoms of stress due to pain. He complained of constant pain in his low back, his gluteal muscle. He reported his pain was reduced with rest and activity modifications. The patient is noted to report altered sensation in a dermatomal distribution of S1. On examination, was noted to have positive Kemp's/Facet, Yeoman's test, and Milgram's test on both sides. Supine straight leg raising was positive bilaterally. Reflexes of the knees and ankles were normal. There was no loss of sensation noted on examination and the patient is noted to have moderate paraspinal tenderness, muscle guarding and spasms, and moderate spinal tenderness, and tenderness over the facet joints referring to the buttocks. He was noted to have decreased range of motion of the lumbar spine in all planes. The patient is reported to have been recommended for acupuncture 2 times a week for 3 weeks. A clinical note dated 07/02/2013 signed by Dr. [REDACTED] reported no changes in the patient's pain or physical exam findings. He reported that the acupuncture helped his pain levels, but when finished, his pain began to increase again. A request was submitted for a pain management consult and chiropractic 2 times a week for 3 weeks with physiotherapy 2 times a week for 3 weeks including ultrasound, electrical stimulation, traction, mechanical therapy, and infrared therapy.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for pain management consult:

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 American College of Occupational and Environmental Medicine, Pain Management, Chapter 6, pages 115 and Chapter 12, Low back complaints, page 301, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine, Chapter 7, Consultation, page 127.

Rationale for the Decision:

The employee is noted to have previously been treated with medications, bracing, chiropractic therapy and physical modalities. The employee continued to complain of low back pain and pain in the gluteal area. It is noted in the medical records provided that the employee has a positive low back orthopedic testing, normal reflexes, abnormal sensation, tenderness, muscle guarding, and muscle spasms from approximately T12 through the L1 level. The American College of Occupational and Environmental Medicine, Chapter 7 states that the occupational practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when there are psychosocial issues presence or when a plan or course of care may benefit from additional expertise. The employee is reported to have tenderness and muscle spasms on physical exam but no neurological deficits. The records indicate that the employee was recommended for an occupational medicine consult to evaluate the injury and for possible prescription of pain medications. However, the records indicate that the employee has relief of pain with rest and activity modifications and there is no indication of the employee's pain on a numerical pain scale indicating the amount of pain the employee has, the need for a consultation for pain management is not established. **The request for pain management consult is not medically necessary and appropriate.**

2) Regarding the request for chiropractic treatment :

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 MTUS guidelines, Manual therapy manipulation, pages 58-59, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Physical Methods, Manipulation, pages 298-299, and the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, page 58, which are part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee was initially treated in March of 2013 with at least 6 sessions of chiropractic and physiotherapy and had returned to work with full duties. The employee is not noted on the physical exam to have any muscle deficits and the American College of Occupational and Environmental Medicine states that manipulation appears safe and effective in the first few weeks of back pain with radiculopathy. There is no documentation submitted that there was a clinically significant improvement of activities of daily living (ADLs) or reduction in work restrictions and a reduction of dependency on continued medical treatment. The request for additional chiropractic manipulation does not meet guideline recommendations.

The request for chiropractic treatment is not medically necessary and appropriate.

3) Regarding the request for physiotherapy :

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 MTUS guidelines, physical therapy, pages 98-99, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, Traction and Physical Modalities, pages 298-300, which is a part of MTUS.

Rationale for the Decision:

The medical records submitted for review note that the employee was lifting a box up from the floor to put it on a pallet and felt a strain in the low back. The employee is has been treated previously at a different facility with medications and bracing, chiropractic care, as well as physical modalities. The employee has complaints of low back pain, pain in the gluteal areas, and to have positive low back orthopedic testing, normal reflexes, and no abnormal sensation. There was tenderness and muscle guarding with muscle spasms of the low back. The medical records indicated that the employee has had acupuncture which is reported to have given some pain relief which was short-term.

The California MTUS Guidelines state that traction has not been proven to provide lasting relief in treating low back pain and physical therapy modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in the treatment of low back symptoms. As the employee is noted to have had previously received chiropractic care, physiotherapy and the current request for physical therapy include electrical stimulation, mechanical traction, infrared therapy, ultrasound, and joint mobilization with deep tissue massage, the requested physiotherapy does not meet guideline recommendations. **The request for physiotherapy 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, 18th Floor
Oakland, CA 94612

/hs

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.