

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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

MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: **11/22/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	12/16/2006
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0009451

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 12 chiropractic treatments is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 chiropractic treatments is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

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

According to the available medical records, this is a 59 years old male patient with chronic low back pain (DOI: 12/16/2006); there appear to be a Psyche claim also. He is permanent and stationary. Previous treatments includes medications, physical therapy, epidural injections, spinal cord stimulation, radiofrequency lesioning of the L4-L5-S1 Medial branch, ROM, stretching, strengthening, spine stabilization home exercises. PR-2 report by Dr. [REDACTED] on 05/28/2013 documented a flare-up of his low back pain (10/10) when he tried to pick up shampoo from ground in the shower. Current diagnosis includes lumbar disc disease, lumbosacral or thoracic neuritis, lumbar facet arthropathy, piriformis syndrome; current treatment includes injection, medications and Lidoderm 5%; follow up exam on 06/14/2013 document 50-60% improvement of his low back pain, treatment includes medications, requesting chiropractic treatments (12 visits).

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 12 chiropractic treatments:

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, Manual Therapy and Manipulation, pages 58-60, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, which is part of the MTUS.

Rationale for the Decision:

Based on the MTUS Chronic Pain guidelines, Chiropractic treatment for Low back is recommended as an option. Therapeutic care –Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, and per treatment parameters from state guidelines, time to produce effect is 4 to 6 treatments. The records submitted for review make no note of the employee having previous chiropractic care and the request for 12 chiropractic treatments is over the guidelines limit for a first time trial. Without any evidence of objective functional improvement, the request is not indicated. **The request for 12 chiropractic treatments 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

/bh

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.