
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 4/24/2013
Date of Injury: 2/7/2013
IMR Application Received: 5/21/2013
MAXIMUS Case Number: CM13-0000439

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 chiropractic sessions for the lumbar spine, two times a week for three weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/21/2013 disputing the Utilization Review Denial dated 4/24/2013. 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 6 chiropractic sessions for the lumbar spine, two times a week for three weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

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 April 24, 2013:

“ [REDACTED] is a 37-year-old worker who was involved in a 02/07/13 industrial-related incident. The 04/02/13 electrodiagnostic study showed no evidence of peripheral neuropathy in either leg, no electrodiagnostic evidence of lumbosacral radiculopathy. The 04/16/13 PR-2 indicates no significant improvement. It states patient is in pain much of the time, discomfort involves the right lower leg and the bottom of the right foot appears to be numb and the right lower extremity appears to be weak. There are no significant objective changes noted. There is still tenderness over the bilateral sacroiliac notch, unable to walk with toes, heels, favors right; positive Straight Leg Raising at 45 degrees, deep tendon reflexes and ankle jerk absent bilaterally, and knee jerk 1+ bilaterally.”

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 05/21/2013)
- Utilization Review Determination from [REDACTED] (dated 04/24/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** 6 chiropractic sessions for the lumbar spine, two times a week for three weeks :

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 and Manipulation, 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 was injured on 2/7/13 and experiences low back pain. The medical records provided for review indicate that an electrodiagnostic study on 4/02/13 was noted to be normal and an MRI on 4/01/13 noted disc protrusion at multiple levels. The record indicates that the employee's treatment has included pain medication, chiropractic and physical therapy. The request was submitted for 6 chiropractic sessions for the lumbar spine, two times a week for three weeks.

The MTUS Guidelines indicate that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this employee's case, the medical records submitted for review evidence that the employee already has been treated with chiropractic for 9 visits from 2/19/13 to 3/14/13 with no significant improvement and no significant objective changes. Thus, the criteria guidelines have not been met. **The request for 6 chiropractic sessions for the lumbar spine, two times a week for three weeks 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

/th

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.