MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009

MAXIMUS Federal Services

May 3, 2013

Notice of Standard Independent Medical Review Determination
Case No. CM13-0000047

Determination: MAXIMUS Federal Services, Inc. has determined the requested six (6) additional chiropractic sessions and six (6) acupuncture treatments are not **medically necessary.**

A request for a(n) standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

Medical Qualifications of the Professional Reviewer
The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, holds a Sub-Specialty Board Certification 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 professional 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.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 28, 2013

This is a 50 year-old male Custodian who is employed by [[company]] who sustained an industrial injury to his low back, right side, and right leg on 1/18/13 when lifting heavy garbage. The patient has come under the care of [[doctor]] who is treating the patient for lumbar strain/sprain; and right lumbar radiculopathy. The claims examiner has provided the accepted body parts for this claim which includes the low back, right side, and right leg. Co-morbidities include a history of low back pain with sciatica.

The patient has undergone a two month course of treatment for low back complaints which has included physical therapy, chiropractic treatment, activity restrictions, medications, and other modalities. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired.

The requesting medical provider's most recent medical report of 2/19/13 identifies subjective complaints of low back pain 7-8/10; completion of 3/6 physical therapy sessions and 5/6 chiropractic treatments; reports that after 2-3 days following treatment and pain returns; walking tolerance of two hours; tolerating modified duty; without weakness, numbness, or bowel/bladder problems. Current medications include Valium 5mg, hydrocodone/APAP 10/325, and meloxicam. Objective findings include height 5'8" and weight of 208 pounds with a BMI of 31.70; write paraspinal lumbar tenderness and right SI joint tenderness with no spasm, limited motion in all planes of motion with positive right SLR at 45 degrees bilaterally and positive bilateral FABER; able to heel and toe walk. Diagnostic impression noted lumbar strain/sprain; and right lumbar radiculopathy. AP and lateral plain lumber x-rays were reported to show mild degenerative changes. Treatment plan recommendations include continue Mobic, taper off Norco and Valium; continue ice and exercises; Flexeril 10 mg or muscle pain; acupuncture evaluation and treatment for six visits to the lumbar; six additional chiropractic treatments for the lumbar spine;. Work status is provided with instructions to return to modified duties with restrictions or lifting, standing, prolonged walking, sitting, bending at the waist, twisting, squatting and kneeling, climbing stairs or ladders.

Documents Reviewed for Determination:
The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for IMR
- Notice of Prospective Utilization Review Decision (dated 2/28/2013)
- Employee Medical Records from [redacted] (dated 1/19/2013-3/26/2013)

- Employee Progress Reports from [redacted] (dated 2/15/2013 and 3/4/2013)
- Acupuncture Medical Treatment Guidelines (2009)
- California Medical Treatment Utilization Schedule (MTUS) (2009) 9792.20(f)
- ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Low Back Complaints, pg. 300

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, pg. 300, Acupuncture Medical Treatment Guidelines (2009), Sections 9792.21, 9792.20(e), and California Medical Treatment Utilization Schedule (MTUS) (2009), 9792.20(f). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

Professional Reviewer's Rationale Regarding the Following Treatment Request(s):

1. Six (6) additional chiropractic sessions
2. Six (6) acupuncture treatments

1. Six (6) additional chiropractic sessions
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, pg. 300, low back complaints. The provider did not dispute the guidelines used by the Claims Administrator. The Medical Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

MAXIMUS Professional Reviewer's Rationale:
The Medical Professional Reviewer based their decision on the employee's condition as stated in the primary treating physician's progress report dated 3/26/2013, which differs from the case summary supplied in the Utilization Review Denial, because it more accurately described the employee's condition. The previously denied request for chiropractic treatment was supported due to a lack of progress notes and documentation to support the need for this treatment. **The six (6) additional chiropractic sessions were considered not medically necessary.**

2. Six (6) acupuncture treatments
The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), Sections 9792.21, 9792.20(e), and California Medical Treatment Utilization Schedule (MTUS) (2009), 9792.20(f). The provider did not dispute the guidelines used by the Claims Administrator. The Medical Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

MAXIMUS Professional Reviewer's Rationale:
The most recent progress report dated 3/26/2013 stated the employee had returned to work with no restrictions and was taking medication only on an as needed basis. The MTUS/California Medical Treatment Utilization Schedule (7/18/09) Section 9792.21 Acupuncture Treatment Guidelines support acupuncture treatment as an option for patients when pain medication is reduced or not tolerated and it is used in addition to physical rehabilitation. Additionally, the California Medical Treatment Utilization Schedule (MTUS) (2009), 9792.20(f) defines functional improvement as a reduction in work restrictions, and/or an increase in activity tolerance or a reduction in the use of medications or medical services. The employee has demonstrated functional improvement and with no further need for physical rehabilitation therefore, the requested treatment of six (6) acupuncture sessions **is not medically necessary.**

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

/lkh

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.