

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009



May 3, 2013

**Notice of Standard Independent Medical Review Determination
Case No. CM13-000051**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Determination: MAXIMUS Federal Services, Inc. has determined the requested additional outpatient chiropractic therapy to the lumbar spine three (3) times a week for two (2) weeks is **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, 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 26, 2013

It is the opinion of the reviewing physician that, "The claimant is a 44-year-old male who was involved in a work injury on 1/29/2013. The injury was described as the claimant was digging ditches and cutting pipe when he injured his lower back. The claimant presented to the [REDACTED] for an evaluation and was reportedly authorized six (6) chiropractic treatments. On 2/13/2013 the claimant was reevaluated. It was noted that the patient reports that their condition is the same. The recommendation was for six (6) additional chiropractic treatments."

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 Independent Medical Review
- Utilization Review Findings, completed by [REDACTED] (dated 2/26/2013)
- Patient Medical Records from [REDACTED] (dated 1/30/2013 through 4/10/2013)
- Radiology Consultation of Thoracic and Lumbar Spine completed by [REDACTED] [REDACTED] (dated 2/26/2013)
- American College of Occupational and Environmental Medicine Guidelines (ACOEM), Chapter 12, pages 298-299

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), Chapter 12, pg. 298-299. 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.

Rationale for the Decision:

The Medical Professional Reviewer reviewed the clinical records provided and applied the guidelines used by the Claims Administrator to support their decision. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, Chapter 12, pg. 299, "If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proven." The date of injury is over three months ago and the employee has

already completed six chiropractic visits over a two week period with no improvement noted, therefore, the requested treatment of additional outpatient chiropractic therapy to the lumbar spine three (3) times a week for two (2) weeks **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
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Oakland, CA 94612

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.