

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	11/20/2006
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0012548

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic therapy (2) times a week times four (4) weeks to the lumbar spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **chiropractic therapy (2) times a week times four (4) weeks to the lumbar spine** 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 a Licensed Chiropractor 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 claimant is a firefighter who was involved in a work related injury on 11/20/2006. He also had a injury on 9/13/2013. His primary diagnoses for chiropractic treatment is lumbar spine sprain/strain. The claimant has had lumbar epidural injections, physical and chiropractic, and oral pain medications in the past. The patient is currently retired from employment. The patient has frequent moderate low back pain. An MRI shows multi-level degenerative disease in his lumbar spine. The patient has had a eight chiropractic sessions this year. After the chiropractic treatments, patient noticed an improvement in pain as well as range of motion. He is also able to complete home exercise program that he was previously unable to perform. He also has had less need of pain medication and is able to move easier. However, there appears to have been prior chiropractic treatment rendered even though the physician states that the claimant has never tried chiropractic in the past. In an agreed medical evaluation on 3/29/2012, it states that reviewed documents include daily treatment notes from [REDACTED], DC on the treatment of the cervical and lumbar spine.

### **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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for chiropractic therapy (2) times a week times four (4) weeks to the lumbar spine:**

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, Manipulation, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pg. 58-60, which is a part of the MTUS.

Rationale for the Decision:

According to the evidence based guidelines, 18 chiropractic visits can be granted with demonstrated functional improvement from an initial trial of six treatments. After the initial course of eighteen treatments, 1-2 chiropractic visits every 4-6 months may be granted for recurrences and flare-ups. The medical records indicate the recent 8 chiropractic treatments ending on 7/15/2013 demonstrated functional improvement. However, although medical records indicate chiropractic treatment was rendered in the past prior to 2012, there is no evidence provided documenting the number of visits or the results of these visits. Additionally, the records do not indicate a flare-up or recurrence of pain. **The request for Error! Reference source not found. 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.