

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	5/23/2013
IMR Application Received:	8/22/2013
MAXIMUS Case Number:	CM13-0014937

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional chiropractic care two times a week for four weeks for treatment to the low back is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 2.5/325mg is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/15/2013. 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 **additional chiropractic care two times a week for four weeks for treatment to the low back is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 2.5/325mg is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent expert reviewer 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 51 year old male with low back pain radiating to the right lower extremity, date of injury is 05/23/2013. Previous treatment includes medications, physical therapy and chiropractic. PR-2 reports by [REDACTED] dated 07/22/2013 revealed radiating low back pain toward right foot; decreased motion, decreased sensation L5 & S1 dermatomes, decreased right extensor hallucis longus power and tenderness, positive SLR on the right and positive Braggard test on the right. PR-2 reports by [REDACTED] on 09/03/2013 revealed on going lumbar spine pain with occasional right lower extremity radiating pain, tenderness, muscle guarding, positive SLR on the right, decreased sensation L5 and S1 dermatomes.

### **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 additional chiropractic care two times a week for four weeks for treatment to the low back:**

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 MTUS American College of Occupational and Environmental Medicine (ACOEM) guidelines, (second edition, 2004), Chapter 12, "Low Back Complaints", page 299..

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

Rationale for the Decision:

The Chronic Pain guidelines state that as long as there is evidence of functional improvement, an individual can receive up to 18 visits over a 6-8 week period and that at 8 weeks, patients should be reevaluated; care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. According to the medical records provided, this employee already had 12 chiropractic visits thus far. However, the medical records failed to document any evidence of objective functional improvement and the employee still remains on temporary total disability. **The request for additional chiropractic care two times a week for four weeks for treatment to the low back is not medically necessary and appropriate.**

**2) Regarding the request for Norco 2.5/325mg:**

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 MTUS American College of Occupational and Environmental Medicine (ACOEM) guidelines, (second edition, 2004), Chapter 12, "Low Back Complaints", page 308.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, "Opioids for back pain", page 80.

Rationale for the Decision:

Norco is an opioid and the Chronic Pain Medical Treatment Guidelines as cited above, recommend limited use for short-term pain relief only. There are no trials of long term use. This employee had been prescribed Norco since 6/24/2013. **The request for Norco 2.5/325mg 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.