

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

6/18/1993

7/23/2013

CM13-0002359

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic once 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 7/23/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 once a week for three weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013:

“DOI: 6/18/1983 A 55 year old male Complains of Localized lower back pain without leg symptoms. Increased pain with ADLs of trunk bending prolonged sitting, Occasional insomnia secondary to pain. Lumbar flexion and extension 75/80 degrees of normal with localized lumbosacral pain and some guarding; paralumbar muscle tenderness, normal gait, positive Kemp and Milgram for facet joint pain. Completed 7 session of physical Therapy and requested 3 additional chiropractic treatments.”

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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request** chiropractic once 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 American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, (2004), which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) Low Back Chapter, Chiropractic Guidelines, which is not a part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her review on the Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, pg. 58-60, which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 6/18/1993, resulting in injury to the lower back. The medical records provided for review indicate treatments have included manipulation and physical therapy. The request is for chiropractic once a week for three weeks.

MTUS/ACOEM Chronic Pain Medical Treatment Guidelines recommend the use of manipulations for chronic pain if caused by musculoskeletal pain. The guideline recommends a trial of 6 visits over 2 weeks with evidence of objective functional improvement, it can be extended up to a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for the employee with a flare up. The guidelines states that extended duration of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and employees with co-morbidities. According to the medical records provided for review, there was no documentation of re-evaluation of treatment success, no documentation of sustained functional improvement, improved pain, or home exercise program. There was no comprehensive assessment of treatment completed to date or the employee's response to chiropractic care. The request for chiropractic once 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;

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

/mbg

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.

