
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

7/27/2011

7/23/2013

CM13-0003032

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is medically necessary and appropriate.**

- 2) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatment 2 times a week for 6 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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 MRI of the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatment 2 times a week for 6 weeks **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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 15, 2013

“This is a female claimant per the referral. Per the 06/10/13 progress report, the claimant has complaints of low back pain radiating into her right leg. The examination revealed discomfort when sitting and standing, right leg remains extended due to pain, difficulty standing in an erect position, difficulty with toe and heel and heel walking and a positive seated Straight Leg Raise (SLR) and Lasegue’s test. The diagnoses include thoracic spine Osteoarthritis (OA), lumbago and radiculitis of the thoracic and lumbar spine. The claimant reports physical therapy (PT) treatment makes it feel better. The date of injury is 7/27/11”.

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 7/24/13)
- Utilization Review Determination (dated 7/15/13)
- Medical records
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a lumbar spine MRI:

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) Guidelines, 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 304, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/27/11 the employee sustained an injury to the thoracic and lumbar spine. Medical records submitted and reviewed indicate treatment included: X-ray and MRI, epidural injection, physical therapy, chiropractic therapy and analgesic medications. A reviewed medical report dated 7/1/13 indicates that the employee is still experiencing severe pain to the thoracic spine, including stiffness and numbness in the neck, shoulders and low back. A request was submitted for an MRI of the lumbar spine and chiropractic therapy 2 times a week for 6 weeks.

ACOEM guidelines state "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue." A submitted neurosurgical consultation report dated 3/15/13 documents severe and/or progressive neurological deficits potentially related to the lumbar spine and notes a foot drop, which is a serious condition requiring further evaluation. The request for an MRI lumbar spine **is medically necessary and appropriate.**

2) Regarding the request for chiropractic treatment 2 times a week for 6 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation, page 58-59, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/27/11 the employee sustained an injury to the thoracic and lumbar spine. Medical records submitted and reviewed indicate treatment included: X-ray and MRI, epidural injection, physical therapy, chiropractic therapy and analgesic medications. A reviewed medical report dated 7/1/13 indicates that the employee is still experiencing severe pain to the thoracic spine, including

stiffness and numbness in the neck, shoulders and low back. A request was submitted for an MRI of the lumbar spine and chiropractic therapy 2 times a week for 6 weeks.

Chronic Pain guidelines state that manual therapy and manipulation are “recommended for chronic pain if caused by musculoskeletal conditions”. The guidelines indicate the intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement. Medical records reviewed dated 7/17/12, 9/6/12, and 1/24/13 indicate that the employee has not experienced any significant functional improvement with previous chiropractic care. The request for chiropractic therapy 2 times a week for 6 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

/db

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.