

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 8/25/2002
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0003993

- 1) MAXIMUS Federal Services, Inc. has determined the request for **five (5) chiropractic sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) lumbar epidural steroid injection (ESI) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **five (5) chiropractic sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) lumbar epidural steroid injection (ESI) 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 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 patient is a 66 year old female with a date of injury of 8/25/2002. The provider has submitted prospective requests for 5 chiropractic sessions and a lumbar epidural steroid injection. A review of the submitted documentation noted that the patient had a history of low back pain, with left lower extremity pain and paresthesia. Documentation dated 6/26/2013 noted that the patient reported a flare-up of low back symptoms after blackberry picking and minimal left lower extremity symptoms. Objectively, he presented upon palpation with slight increase of muscle spasm. Documentation submitted revealed that the patient underwent 5 sessions of chiropractic treatment, which was beneficial in decreasing pain and symptoms. The current guidelines recommend manipulation for treating chronic pain caused by musculoskeletal conditions. In treating the low back, guidelines recommend manipulation as an option with an initial trial of 6 visits over 2 weeks. Upon evidence of objective functional improvement, guidelines recommend up to 18 visits over 6-8 weeks. Guidelines do not recommend elective or maintenance care, as it is not medically necessary. In regards to flare-ups or recurrence, guidelines recommend re-evaluation with 1-2 visits every 4-6 months.”

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 Management
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for five (5) chiropractic sessions:

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 (2009), pgs. 58-59, which is a part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Low Back Complaints, Chapter 12, pgs. 398-300, and the Chronic Pain Medical Treatment Guidelines (2009), pgs. 58-59, which are part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines indicate that, "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. ACOEM Guidelines further state, "Most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value is compared with active, rather passive therapeutic options is unclear." Guidelines further state if manipulation does not bring improvement in 3 to 4 weeks, it should be stopped and the patient re-evaluated. Chronic Pain Medical Treatment Guidelines indicate that, "Time to produce effect would be 4 to 6 treatments with 1 to 2 times per week for the first 2 weeks." Active maintenance therapy is not medically necessary and for recurrence of flare-ups, there is a need to re-evaluation treatment success. The claimant was returned to work, then 1 to 2 visits every 4 to 6 weeks is supported by guidelines. The submitted records indicate the employee was seen on 06/03/2013, 06/06/2013, 06/12/2013, 06/24/2013, and 06/26/2013 by [REDACTED]. The records indicate low back spasms on 06/06/2013 and then on 06/26/2013 back muscles had flared up since blackberry picking had occurred. Therefore, the overall efficacy of the chiropractic treatments has not been demonstrated by the records provided for this review. Continued chiropractic treatment is not supported by either Guidelines. **The request for five (5) chiropractic sessions is not medically necessary and appropriate.**

2) Regarding the request for one (1) lumbar epidural steroid injection (ESI):

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 (2009), Epidural steroid injections (ESIs), which is a part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Low Back Complaints, Chapter 12, Criteria for the use of Epidural steroid injections, pg. 301, which is part of the MTUS.

Rationale for the Decision:

ACOEM guidelines indicate that invasive techniques “Are of questionable merit.” And “This treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery.” Chronic Pain Medical Treatment Guidelines further address this issue, stating that injections can be performed if radiculopathy is documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing and the claimant is initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. If, in the therapeutic phase, repeat blocks should be based on “continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with general recommendation of no more than 4 blocks per region per year.” The submitted records indicate the employee has undergone a steroid injection on 09/24/2012 and indicates some improvement, but the records do not indicate that the employee had 50% reduction in symptoms and/or reduction in pain medication. Records do not indicate that radiculopathy is corroborated by imaging studies as the MRI of the lumbar spine dated 10/31/2012 revealed, “Minimal spondylosis of the lumbar spine without evidence of stenosis or nerve root impingements.” Therefore, lacking documentation of significant improvement from the previous injection as recommended by Chronic Pain Guidelines, and lacking documentation of significant neural compromise on the MRI, this request is not supported. **The request for one (1) lumbar epidural steroid injection (ESI) 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, 18th Floor
Oakland, CA 94612

/sce

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.