

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 20, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/21/2013
Date of Injury: 7/3/2008
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006406

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is a licensed Doctor of 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 50 year old female patient with chronic neck and low back pain, date of injury 07/03/2008. Previous treatments include medications, acupuncture, chiropractic and physical therapy. Report by Dr. [REDACTED] on 4/23/2013 revealed a worsening of her low back pain with pain radiating to the left leg, exam of the lumbar spine revealed tenderness with spasm over the paraspinal musculature, straight leg raise test was positive on the left, ROM was limited in all planes, sensation in the left lower extremity decreased in a patchy distribution primarily at L5-S1, chiropractic treatment and exercise rehab with modalities requested 3x per week for four weeks. Report on 06/07/2013 by Dr. [REDACTED] revealed some improvement of her low back pain and spasm, recent flare-up of neck pain; exam of the cervical spine revealed decreased lordosis, tenderness over the paravertebral muscles and trapezius area with associated trigger points, spasm (left more than right), axial compression test elicited increased neck and trapezius pain; exam of the lumbar spine revealed tenderness over paravertebral muscles, lumbosacral and gluteal regions, muscle guarding, straight leg raise test elicited low back pain bilaterally, ROM limited in all planes; patient had been treated with chiropractic and instructed to complete the remaining treatment, additional treatment was requested. Report on 07/16/2013 by Dr. [REDACTED] revealed low back pain improved with six chiropractic treatments, three of which included traction unit, H-wave home unit was also beneficial, neck pain was ongoing, radiating to her bilateral shoulders; exam of the lumbar spine revealed tenderness over bilateral paraspinals, muscle guarding, ROM limited in all planes; exam of the cervical spine revealed hypertonic bilateral paracervicals and upper trapezius, as well as diffused tenderness, left side greater than the right, axial compression test was positive, eliciting local pain; lumbar traction unit was requested and chiropractic (2x per week for four weeks, geared to her cervical spine) with traction was requested. Patient was to return to work.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Traction unit is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back, Chapter 12, page 300, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. According to the guideline cited above, traction is not recommended for this patient's chronic low back pain. Therefore, it is NOT medically necessary. **The request for a traction unit is not medically necessary and appropriate.**

2. Eight (8) chiropractic sessions is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 58-59, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to the Chronic Pain Medical Treatment guidelines cited above, chiropractic treatment for flares-up – Need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. The request for chiropractic sessions 2x a week for four weeks exceeds the guideline recommendation and therefore, it is NOT medically necessary. **The request for eight (8) chiropractic sessions is not medically necessary and appropriate.**

/ldh

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.

[REDACTED]

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