

Independent Medical Review Final Determination Letter

28

[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0006413	Date of Injury:	04/08/2013
Claims Number:	[REDACTED]	UR Denial Date:	07/24/2013
Priority:	STANDARD	Application Received:	08/02/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
CHIROPRACTIC TREATMENT 1X4 EMG/NCV BILATERAL LOWER EXTREMITIES			

DEAR [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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 physician reviewer. He/she 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 physician 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 60 year old male patient with low back pain, date of injury 04/08/2013. Previous treatments include injections, medications, back brace, chiropractic, acupuncture, TENs unit, and work modification. PR-2 report dated 7/10/2013 by Dr. [REDACTED] revealed cervical and lumbar spine pain; exam findings revealed lumbar spasm, positive straight leg raise, sensory loss over L5-S1; diagnosis include cervical sprain/strain, lumbar sprain/strain, sciatica and L/s IVD displacement. MRI report dated 07/01/2013 revealed a 2.0 mm anterior disc bulge of L1-2, a 2.2 mm left anterolateral disc bulge at L2-3, a 2.2mm circumferential disc bulge which mildly impresses on the thecal sac at L3-4 with bilateral facet arthrosis, a high-intensity zone is present within the left foraminal annular fibers of the disc which may represent an annular fissure/tear that may be associated with pain, a 4.0 mm circumferential disc bulge at L4-5 which mildly impresses on the thecal sac and encroaches on the transiting L5 nerve roots bilaterally, bilateral facet arthrosis and mild bilateral neural foraminal arrowing are noted, L5-S1 bilateral facet arthrosis is noted.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic Treatment 1 x 4 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Low Back Chapter, pages 298-299, Chronic Pain Medical Treatment Guidelines, page 58 which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

According to the available medical records, this patient had received 6 chiropractic treatments with Dr. [REDACTED] and at least 9 Chiropractic treatments with Dr. [REDACTED], there are chiropractic treatment records available for those visits. Furthermore, UR records indicated that this patient had received about 19 chiropractic treatments to date. These visits well exceeded the number of visits recommended by CA MTUS guidelines and there is no evidence of objective functional improvement.

2. EMG/NCV Bilateral Lower Extremities is medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), page 303, which is 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 and page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on ACOEM 2004 guidelines cited above, Electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. This employee's low back symptoms have lasted for months and MRI studies are also positive.

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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.

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