

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	10/6/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006439

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **additional 10 Chiropractic Therapy Sessions for the lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **additional 10 Chiropractic Therapy Sessions for the lumbar** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Chiropractor 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:

Disclaimer: The following case summary was taken directly from a previous utilization review denial/modification dated 7/09/2013.

The patient is a 45 year old female with a date of injury of 10/06/2011. According to the nurse clinical summary, the patient has completed 10 chiropractic sessions and reported significant improvement. Her pain was less intense especially in her legs. The patient complained of some continued numbness over her left big toe. Significant objective findings include improved range of motion with exercise on lumbar extension, straight leg raise test is negative bilaterally, and has improved strength in her extensor hallucis longus muscles. She was diagnosed with pelvis joint pain

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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for an additional 10 Chiropractic Therapy Sessions for the lumbar :**

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, Manual Therapy and Manipulation, which is part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pages 58-60, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. According to the MTUS Chronic Pain guidelines, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The submitted medical records indicate that the employee has completed 10 chiropractic treatments and the employee reported significant improvement. There was no documentation of significant improvement in activities of daily living or reduction of work restriction. In addition, the request for 10 additional chiropractic sessions for the lumbar spine exceeds the guideline recommendation. **The request for an additional 10 chiropractic therapy sessions for the lumbar spine 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

/bh

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.