

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	7/28/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007059

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic visits for the lumbar spine 3 times a week for 2 weeks, qty: 6 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/18/2008. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **chiropractic visits for the lumbar spine 3 times a week for 2 weeks, qty: 6 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision 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 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:

According to the available medical records, this is a 62 year old patient with chronic low back pain. MRI of the lumbar spine revealed remote compression fracture of the T12 vertebrae, minimal anterolisthesis of L4 on L5, multilevel facet arthropathy, a shallow 2mm circumferential disc protrusion with no neural abutment at L3-4, shallow 3mm midline disc protrusion with mild effacement of the anterior thecal sac at L1-2, shallow 2mm midline disc protrusion with no neural abutment at T12-L1. Previous treatments for the low back include topical cream, medication, chiropractic and physical therapy.

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 chiropractic visits for the lumbar spine 3 times a week for 2 weeks, qty: 6:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, therapeutic care, which is not part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pages 58-59, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommends manipulation for chronic pain 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. The submitted medical records indicate that the employee has had 5 chiropractic treatments for April to May. The clinical notes however, fail to document any objective measurable gains in functional improvement that facilitate progression in the employee's therapeutic exercise program and return to productive activities. **The request for 6 chiropractic visits for the lumbar spine, 3 times a week for 2 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.