

Independent Medical Review Final Determination Letter

2794
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0022750	Date of Injury:	03/16/2006
Claims Number:	[REDACTED]	UR Denial Date:	09/05/2013
Priority:	STANDARD	Application Received:	09/10/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
THE REQUEST FOR CHIRO 2X4 TO THE LUMBAR SPINE IS NOT MEDICALLY CERTIFIED PER THE PHYSICIAN ADVISOR.			

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: 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]
[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 Acupuncture, 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:

Claimant is 44 year old female who was involved in a work related injury on 3/16/2006. She has left knee pain, right posterior hip pain, and sacroiliac joint pain. She has limitations sitting longer than 10 minutes at a time and sleeping, squatting, bending or kneeling. She has had multiple ESIs. The most recent ESI was 10/10/2013. Other therapies that have been received are acupuncture, physical therapy, and oral medications. Her most recent diagnoses are left knee chondromalacia patella with underlying DJD and right sacroiliac dysfunction. According to a QME on 11/15/2012, the physician notes that the claimant has reached maximal medical improvement and was not likely to change considerably with further medical, surgical, or physical therapy. The QME also notes that the patient received an epidural injection and eight sessions chiropractic care in 2012 without any improvement. The claimant has had at least 12 chiropractic treatments in total with a most recent chiropractic examination in 4/23/2013.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic treatment two (2) times a week for four (4) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Guidelines, pg. 58.

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

The Physician Reviewer's decision rationale:

According to evidence based guidelines, further chiropractic visits after an initial trial is based on functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The claimant has had extensive chiropractic therapy in the past with no demonstrated functional improvement. Also, a QME evaluation from 2012 also recommends against further therapy. The evaluation also determined that the claimant had reached maximal medical improvement. There is no indication as to why chiropractic therapy would be beneficial now when it yielded no results in the past. Therefore further chiropractic treatments are not medically necessary.

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]
[REDACTED]
[REDACTED]
[REDACTED]