

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0024249	Date of Injury:	02/06/2013
Claims Number:	[REDACTED]	UR Denial Date:	09/04/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
RQ; CHIRO 2 X 4 (LOW BACK) --MODIFIED FOR CHIRO 2 X 3 BY PHYSICIAN ADVISOR ORTHRO STIM4--MEDICALLY CERTIFIED FOR 1 MONTH TRIAL BY PHYSIICIAN ADVISOR. DIAGNOSTIC ULTRASOUND OF RT ELBOW--NOT ACCEPTED AS PART OF CLAIM			

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]

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, has a subspecialty in 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 a 49 year old male who was involved in a work related injury on 2/6/2013. He has low back pain, numbness, and tingling down the legs. His diagnoses are lumbar spine strain strain, sciatica, radiculitis, central canal stenosis, disc herniation, and lumbar spine disc herniation and spondylosis. A MRI of the lumbar spine shows a disc extrusions at L2 and L3, spinal canal stenosis at L1-L2 and annular tearing with disc protrusion at L5-S1. Prior treatment includes medication, physical therapy, acupuncture, and chiropractic treatment. A prior chiropractic authorization of a six visit initial trial was rendered in 9/2013. There is documentation of 4 completed visits with improvement in VAS. However, it is unclear whether the last two visits of the trial were completed and of any functional gains for the treatment. The work restrictions were equivalent prior to and after the chiropractic sessions.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic 2 x 4 (low back) is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Manual Medicine, which is part of the MTUS..

The Physician 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.

The Physician Reviewer's decision rationale:

According to evidence based guidelines, further chiropractic visits after an initial trial are based on functional improvement. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. "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 at least 4/6 visits of his initial chiropractic trial. However, a re-examination has not been performed to demonstrate functional improvement. No documentation of improvement of his activities of daily living or reduction of work restrictions were found in the submitted chart. His work restrictions remained the same. Further documentation is needed to certify further visits. 8 further chiropractic visits is not medically necessary with the current documentation. **The request for chiropractic 2 x 4 (low back) is not medically necessary and appropriate.**

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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