

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested additional six (6) chiropractic sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Toradol IM (retroactive) **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Norflex (retroactive) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Ultracet (retroactive) **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Thermacare (retroactive) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/15/2013 disputing the Utilization Review Denial dated 4/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/7/2013. 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 requested additional six (6) chiropractic sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Toradol IM (retroactive) **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Norflex (retroactive) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Ultracet (retroactive) **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Thermacare (retroactive) **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 1, 2013.

“Patient complains of intermittent, sharp and dull neck and Rt upper back pain. Patient reports was sitting at her desk and twisted to get a stack of clipboards to another side, but sharp pain to left upper back. Denies prior occupational injuries and/or pre-existing conditions. Has been with company for 10 months.”

“Diagnosis: Sprain thoracic region/sprain of neck/spasm of muscle. The patient is a 31 year-old female s/p injury 3/3/13. According to the record submitted, the patient’s indicated that she was worse in both the neck and back.”

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 for Independent Medical Review (received 4/15/13)
- Utilization Review Determination from [REDACTED] (dated 4/1/13)
- Medical Records from [REDACTED] (dated 3/7/13 – 4/16/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter, Table 8-5, 8-8
- Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Manipulation Section
- Chronic Pain Medical Treatment Guidelines (2009), pg. 63-65, 72

1) Regarding the request for addition six (6) chiropractic sessions:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter, Table 8-5, 8-8, of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (2009), Neck and Upper Back Chapter, Manipulation Section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer used the ACOEM section of the MTUS referenced by the Claims Administrator because it was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On March 3, 2013 the employee experienced a sharp pain in the left upper back when twisting to retrieve a stack of clipboards while standing at a station at work. This resulted in reported intermittent, sharp and dull neck and right upper back pain. Treatment included: analgesic medications, physical therapy, initial modification to work duty and six session of chiropractic manipulative therapy.

The most recent progress report of 4/8/13 showed improvement in the employee's condition with the resolution of neck pain, a reported reduction in pain level (4/10) in the upper back, and improved range of motion in the thoracic and cervical spine regions. There was no reported tenderness. The employee was requested to return to regular work duty and to pursue additional physical therapy and chiropractic manipulative therapy.

ACOEM guidelines endorse the usage of manipulative therapy in the treatment of neck and/or upper back pain in the context of a program for functional restoration. In this case, the employee has responded favorably to the six prior session of manipulative therapy. Residual deficits are minimal, as noted in the most recent April 8, 2013 progress note. ACOEM guidelines suggest it is appropriate to continue manipulative therapy, although at a reduced rate and frequency. The quantity of six additional chiropractic sessions requested by the treating provider at a rate of three times a week cannot be supported, given the lack of residual complaints. The request for an addition six (6) sessions of chiropractic sessions **is not medically necessary and appropriate.**

2) Regarding the request for Toradol IM (retroactive):

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 (2009), Section 9792.20 – 9792.26, pg. 72, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as chronic pain; however, based on the request for authorization date of March 27, 2013, the employee's clinical condition is more appropriately described as an acute episode. The Chronic Pain Medical Treatment Guidelines (2009) is not applicable to the employee's condition; therefore the Expert Reviewer used the ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, Acetaminophen and Non-steroidal Anti-Inflammatory Drugs.

Rationale for the Decision:

On March 3, 2013 the employee experienced a sharp pain in the left upper back when twisting to retrieve a stack of clipboards while standing at a station at work. This resulted in reported intermittent, sharp and dull neck and right upper back pain. Treatment included: analgesic medications, physical therapy, initial modification to work duty and six session of chiropractic manipulative therapy.

The most recent progress report of 4/8/13 showed improvement in the employee's condition with the resolution of neck pain, a reported reduction in pain level (4/10) in the upper back, and improved range of motion in the thoracic and cervical spine regions. There was no reported tenderness. The employee was requested to return to regular work duty and to pursue additional physical therapy and chiropractic manipulative therapy.

ACOEM guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of acute and subacute neck pain as exhibited by the employee in the progress report of March 27, 2013. The report states the employee experienced an acute flare-up of pain, graded as sharp and worsening. Toradol IM was administered and medical records suggest the employee responded favorably to this treatment by exhibiting functional improvement evidenced by the return to a regular work schedule. Section 9792.20(f) of the MTUS describe "functional improvement" as a significant improvement in activities of daily living or a reduction in work restrictions...and a reduction in the dependency on continued medical treatment. The request for Toradol IM (retroactive) **was medically necessary and appropriate.**

3) Regarding the request for Norflex (retroactive):

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 (2009), Section 9792.20 – 9792.26, pg. 63-65, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as chronic pain; however, based on the request for authorization date of March 27, 2013, the employee's clinical condition is more appropriately described as an acute phase of the injury. The Chronic Pain Medical Treatment Guidelines (2009) is not applicable to the employee's condition; therefore the Expert Reviewer used the ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, Acetaminophen and Non-steroidal Anti-Inflammatory Drugs.

Rationale for the Decision:

On March 3, 2013 the employee experienced a sharp pain in the left upper back when twisting to retrieve a stack of clipboards while standing at a station at work. This resulted in reported intermittent, sharp and dull neck and right upper back pain. Treatment included: analgesic medications, physical therapy, initial modification to work duty and six session of chiropractic manipulative therapy.

The most recent progress report of 4/8/13 showed improvement in the employee's condition with the resolution of neck pain, a reported reduction in pain level (4/10) in the upper back, and improved range of motion in the thoracic and cervical spine regions. There was no reported tenderness. The employee was requested to return to regular work duty and to pursue additional physical therapy and chiropractic manipulative therapy.

ACOEM guidelines suggest there is no proven support for use of muscle relaxants in conjunction with NSAIDs (Toradol IM). It is further noted that the Utilization Review Determination dated 4/1/13 authorized other analgesic and adjuvant medications. Therefore, the request for Norflex (retroactive) **was not medically necessary and appropriate.**

4) Regarding the request for Ultracet (retroactive):

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 (2009), Section 9792.20 – 9792.26, pg. 93-94, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as chronic pain; however, based on the request for authorization date of March 27, 2013, the employee's clinical condition is more appropriately described as an acute phase of injury. The Chronic Pain Medical Treatment

Guidelines (2009) is not applicable to the employee's condition; therefore the Expert Reviewer used the ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, Opioids

Rationale for the Decision:

On March 3, 2013 the employee experienced a sharp pain in the left upper back when twisting to retrieve a stack of clipboards while standing at a station at work. This resulted in reported intermittent, sharp and dull neck and right upper back pain. Treatment included: analgesic medications, physical therapy, initial modification to work duty and six session of chiropractic manipulative therapy.

The most recent progress report of 4/8/13 showed improvement in the employee's condition with the resolution of neck pain, a reported reduction in pain level (4/10) in the upper back, and improved range of motion in the thoracic and cervical spine regions. There was no reported tenderness. The employee was requested to return to regular work duty and to pursue additional physical therapy and chiropractic manipulative therapy.

The request for authorization, dated March 27, 2013, suggests the employee was experiencing an acute flare-up of pain, graded as sharp and worsening. ACOEM suggests the use of opioids is effective for severe pain, but only for a short period of time. There was no indication in the medical records of the quantity and duration provided to the employee. Nevertheless, the employee retained functional improvement as evidenced by the subsequent return to a regular work schedule. Section 9792.20(f) of the MTUS describe "functional improvement" as a significant improvement in activities of daily living or a reduction in work restrictions...and a reduction in the dependency on continued medical treatment. Therefore, the request for Ultracet (retrospective) **was medically necessary and appropriate.**

5) Regarding the request for Thermacare (retroactive):

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 lack of support for separate feedback applications such as standard hot and cold packs in the Medical Treatment Utilization Schedule (MTUS). No specific references to the MTUS guidelines were supplied by the Claims Administrator. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the employee's clinical condition was described as chronic pain; however, based on the request for authorization date of March 27, 2013, the employee's clinical condition is more appropriately described as an acute phase of injury. The Expert Reviewer used the ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, Physical Methods.

Rationale for the Decision:

On March 3, 2013 the employee experienced a sharp pain in the left upper back when twisting to retrieve a stack of clipboards while standing at a station at work. This resulted in reported intermittent, sharp and dull neck and right upper back

pain. Treatment included: analgesic medications, physical therapy, initial modification to work duty and six session of chiropractic manipulative therapy.

The most recent progress report of 4/8/13 showed improvement in the employee's condition with the resolution of neck pain, a reported reduction in pain level (4/10) in the upper back, and improved range of motion in the thoracic and cervical spine regions. There was no reported tenderness. The employee was requested to return to regular work duty and to pursue additional physical therapy and chiropractic manipulative therapy.

The request for authorization, dated March 27, 2013, suggests the employee was experiencing an acute flare-up of pain, graded as sharp and worsening. ACOEM guidelines endorse the use of topical applicant of heat and cold in for acute-to-subacute pain. The employee exhibited functional improvement from this and other prescribed treatments evidenced by her return to regular duty work. Section 9792.20(f) of the MTUS describe "functional improvement" as a significant improvement in activities of daily living or a reduction in work restrictions...and a reduction in the dependency on continued medical treatment. Therefore, the request for Thermacare (retroactive) **was 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,

Richard C. Weiss, MD, MPH, MMM, PMP
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.