
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/20/2013

3/20/2013

5/29/2013

CM13-0000505

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic three (3) times a week for eight (8) weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/29/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 three (3) times a week for eight (8) weeks **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Physical Medicine and Rehabilitation 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 May 20, 2013:

Clinical summary: According to office evaluation dated 1/7/2013 by [REDACTED] MD, the patient came in for evaluation due to complaint of back and neck pain all over intermittently. There was paresthesia which was getting worse. The patient complained of moderate neck pain, and stiffness with reduced motion. The pain was achy and last the whole day. The patient complained of sever back pain which was achy and sharp. Physical exam of cervical spine showed flexion 50, extension 40, left lateral flexion 40 and left rotation 70. Palpation revealed hypertonicity and tenderness of the trapezius and levator muscle. Cervical compression test was positive on left, Soto-hall was positive on neutral position. Thoracic spine showed flexion was motion was decreased, palpation revealed hypertonicity. Lumbar spine exam showed positive Lasegue on the left, there was positive Kemp test on the right. Yeoman's was positive at the right.

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 (dated 5/29/13)
- Utilization Review Determination from [REDACTED] (dated 5/20/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** chiropractic three (3) times a week for eight (8) weeks :

Medical Treatment Guideline(s) 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 Chapter, pages 181-183, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Manipulation section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 58-59, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 3/20/13 resulting in back and neck pain. The medical records provided for review indicate treatments have included physical therapy. The request is for chiropractic three (3) times a week for eight (8) weeks.

The MTUS Chronic Pain Guidelines indicate therapeutic care using manipulation is reasonable, however, the recommendation is of 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. In this case, the request exceeds the number of visits suggested by the guidelines. The request for chiropractic three (3) times a week for eight (8) 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;

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

/hs

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.