

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED] a
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	5/3/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011281

- 1) **MAXIMUS Federal Services, Inc. has determined the request for six (6) additional chiropractic visits is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 six (6) additional chiropractic visits 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 Chiropractor 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:

Claimant is a 28 year old male who sustained a work injury on May 3, 2013. He complains of neck, upper back, and shoulder pain. Primary diagnosis are thoracic and lumbar muscle spasms, cervicalgia, and impingement syndrome. Patient is currently on light duty. He has had physical therapy and chiropractic treatments and is currently taking oral pain medications. He also had toxic exposure to a toxin, Velcorin in August of 2013. There are also notes for 8 chiropractic treatments rendered on 5/10/2013, 5/13/2013, 5/21/2013, 5/22/2013, 6/17/2013, 6/24/2013, 7/1/2013, and 7/18/2013. The notes are not detailed and only indicate a VAS pain scale. There is an initial exam but no re-examination on any of the following treatment dates. There is no documented functional improvement from the chiropractic visits rendered. His primary physician documents his pain at 6/10 on both 6/10/2013 and 6/25/2013 and does not mention any improvement related to his 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 six (6) additional chiropractic visits:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pgs. 58-60, which are part of the MTUS.

Rationale for the Decision:

According to evidence based guidelines, further chiropractic treatments after an initial trial are medically necessary if there is documented functional improvement. An initial trial consists of six visits over two weeks. The employee has had an initial trial but there is no documentation of functional improvement from the trial. Therefore further visits are not medically necessary based on lack of demonstrated functional improvement. **The request for six (6) additional chiropractic visits 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

/ldh

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.