
Notice of Independent Medical Review Determination

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/10/2013

10/11/2011

7/17/2013

CM13-0001475

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic therapy 2 times a week for 4 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 chiropractic therapy 2 times a week for 4 weeks **is not 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 July 10, 2013

“This is a patient with the date of injury and 10/11/11. This patient has recently had 14 sessions of chiro treatments per Corvel UR.

“Records reviewed:

“6/14/13 report from Dr. [REDACTED]

“This patient was recently seen by Dr. [REDACTED] on 5/22/13 for an AME. The AME report is pending. The patient continues to have cervical and lumbar pain with some numbness and tingling. The patient is working full duty. Exam shows a positive straight leg raise and Spurling maneuver. Range of motion is reduced by 10% in all planes. The patient continues to be on multiple medications including, Omeprazole, Neurontin, Zanaflex, Orudis and Terocin cream. Diagnosis is chronic cervical/lumbar strain, myofascial pain, cervical radiculopathy, and lumbar radiculopathy. There is no report of benefit from chiropractic care for any evidence of progress.”

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 7/17/13)
- Utilization Review Determination (dated 7/10/13)
- Medical Records from [REDACTED], MD (dated 8/10/12-7/13/13)
- Medical Records from [REDACTED], MD (dated 5/22/13)

- Medical Records from the [REDACTED] (dated 8/22/12-8/24/12)
- Medical Records from [REDACTED] (dated 6/8/12)
- Medical Records from [REDACTED] (dated 4/5/12-4/19/12)
- Medical Records from [REDACTED] MD Physiatrist (dated 2/28/12-6/7/12)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for chiropractic therapy 2 times a week for 4 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), Chapter 12, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy and Manipulation, pg. 58-60, to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 10/11/11 the employee sustained an injury to the neck and lower back. Treatment has included analgesic medications, adjuvant medications and sessions of manipulative therapy. A progress report dated 6/14/13 suggests that the claimant continues to have pain in the neck and mid back. A request was submitted for chiropractic therapy 2 times a week for 4 weeks.

MTUS Chronic Pain Medical Treatment Guidelines indicate manipulative therapy is an option in the treatment of chronic musculoskeletal pain. With evidence of objective functional improvement, the guidelines endorse anywhere from 18-24 sessions of manipulative therapy. In this case, the medical records reviewed do not clearly state how much cumulative manipulative therapy the applicant has had over the life of the claim. The medical records indicate the applicant has had at least 14 sessions of manipulative therapy in 2013 alone. The request for 8 chiropractic visits exceeds guideline recommendations. The request for chiropractic therapy 2 times a week for 4 weeks for a total of 8 session **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

/db

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.