
Notice of Independent Medical Review Determination

Dated: 9/24/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	11/25/2012
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001520

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatments 2 times a week for 4 weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 treatments 2 times a week for 4 weeks **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013

"Work status and modifications report dated 06/26/13 Indicates that the claimant has been instructed to return to part time work with restrictions.

"PR-2 dated 06/26/13 indicates that the claimant will start chiropractic treatment. The claimant complains of pain in the neck/back with numbness and tingling sensation in the right wrist and hand. On exam, there is positive right shoulder Impingement test, positive Spurling's test, decreased sensation in the right hand/right foot, decreased range of motion in the right shoulder and decreased range of motion in all planes. The provider recommends epidural steroid Injection, medications, and chiropractic treatment.

"Review of claim notes that the claimant was approved for 6 visits of chiropractic treatment on 04/26/13.

"Rationale for Determination

The documentation submitted reflects that the claimant has ongoing symptoms in the cervical spine, lumbar spine and right shoulder. There are clinical deficits on exam including positive right shoulder impingement test, positive Spurling's test and decreased sensation in the right hand/right foot, decreased range of motion in the right shoulder and decreased range of motion in all planes. Review of claim notes that the claimant was approved for 6 visits of chiropractic treatment on 04/26/13. Current request is chiropractic treatment."

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 /15/13)
- Utilization Review Determination from [REDACTED] (dated 7/15/13)
- Utilization Review Determination from [REDACTED] (dated 4/26/13)
- Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation section
- Medical Records from Dr. [REDACTED] (dated 4/6/13 - 6/26/13)
- Medical Records from [REDACTED] (dated 11/30/12- 4/2/2013)
- MRI from [REDACTED] (dated 12/20/13)

1) Regarding the request for chiropractic treatments 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 Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation section, page 58, 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 section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right shoulder, neck, and low back on 11/25/2013. The submitted and reviewed medical records indicate that the employee has had X-rays, MRIs, physical therapy, anti-inflammatory medication, and pain medication. The most recent medical report, dated 6/13/2013, indicated that the employee had right shoulder impingement, decreased sensation, pain in the neck, the back, and right foot. A request was submitted for chiropractic treatments two times per week for four weeks.

The MTUS Chronic Pain Guidelines recommend manipulation if pain is caused by musculoskeletal conditions. The reviewed medical records indicate that the employee continued to experience right shoulder pain, neck, back and right foot pain, which are musculoskeletal conditions. The records indicate that while six previous chiropractic treatments were authorized, a medical report dated 4/16/2013 stated that the employee had not undergone any chiropractic treatments. The guidelines recommend a total of up to 18 visits over 6-8 weeks with evidence of functional improvement. The requested eight chiropractic visits are within guideline recommendations. The request for chiropractic treatments two times per week for four weeks is 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

/bh

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.