
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 3/30/2010
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001530

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatments 2 times a week for 4 weeks, Qty: 8 **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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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, Qty: 8 **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 in Chiropractic, 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 patient is a 36 year-old male with a DOI of 3/30/10 and current diagnoses of cervical and lumbar strain. Treatment has included 12 chiropractic sessions. Per the 6/28/13 report, the patient has constant thoracic pain with paraspinal tenderness on exam.”

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 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/02/2013
- Medical Records from 6/04/2012 through 6/28/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Neck and Upper Back Complaints, Chapter 8, Table 8-8, Manipulation, page 181
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, Chapter 12 Table 12-8, Manipulation, page 308

1) Regarding the request for chiropractic treatments 2 times a week for 4 weeks, Qty: 8:

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 Complaints, Chapter 8, Table 8-8, Manipulation, page 181, of the Medical Treatment Utilization Schedule (MTUS), and the ACOEM, 2004, 2nd Edition, Low Back Complaints, Chapter 12, Table 12-8, Manipulation, page 308, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the Chronic Pain Medical Treatment Guidelines of the MTUS, 2009, Manual Therapy & Manipulation, page 58-60, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck and low back in an accident on 3/30/2010. Medical records reviewed indicate treatment has included MRI's, neurodiagnostic studies, physical therapy, epidural injections, chiropractic, and medications to date. The most recent submitted and reviewed medical records, dated 6/28/2013, indicate positive orthopedic findings and constant bilateral neck pain and constant low back and left buttock/groin pain. The request was made for eight chiropractic treatments.

MTUS Chronic Pain Guidelines state that manual therapy & manipulation is recommended as an option. A trial of six to twelve visits over two to four weeks is recommended. If there is evidence of objective functional improvement an additional 12 visits for a total of up to 24 visits may be indicated. The submitted and reviewed medical report, dated 6/28/2013 indicates that functional improvement in pain intensity and range of motion were documented. 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

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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.