

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	6/21/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005091

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 outpatient chiropractic treatments two times a week for four weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for five weeks **is 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 expert reviewer is a 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.

Expert Reviewer Case Summary:

This 30-year-old female patient presents with chronic low back pain and myositis starting in 06/2011. An MRI report dated 01/28/2013 reveals L3-4 disc dessication, 1-2 mm diffuse posterior disc bulges with a posterior midsaggital annular tear, L4-5 disc dessication, a 1-2 mm diffuse posterior disc bulge with a posterior midsaggital annular tear. Previous treatments include; pain medication, activity modification, injection, physical therapy and chiropractic.

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 from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for outpatient chiropractic treatments two times a week for four weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Manipulation, and Physical Medicine Guidelines, pages 98-99, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy, pages 58-59, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain guidelines recommended manipulation for chronic pain if caused by musculoskeletal conditions. The guidelines further note for recurrences/flare-ups treatment success is to be re-evaluated; if return to work (RTW) is achieved then 1-2 visits every 4-6 months are recommended. The medical records reviewed indicate the employee experience a flare-up of chronic low back pain. The employee has been treated with 6 sessions with chiropractic treatment. The records indicate this resulted in a reduction in medication, increased physical activity, and improved work performance. The records indicate flare-up treatment is succeeding and return to full-time work had been achieved. Based on the guidelines only 1-2 visits every 4-6 months is suggested. The requested 8 visits exceeds the guidelines recommendations. **The request for outpatient chiropractic treatments two times a week for four weeks is not medically necessary and appropriate.**

2) Regarding the request for physical therapy two times a week for five weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, pages 98-99 and the Post-Surgical Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain guidelines indicate that passive therapy can provide short relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and can improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. The available medical records do not show any physical therapy treatment for the current flare-up episode. **The request for physical therapy two times a week for five 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,

Paul Manchester, MD, MPH
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.