

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	1/29/2013
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005126

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic evaluation and therapy 2 times a week for 8 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture therapy 2 times a week for 8 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for massage therapy 2 times a week for 8 weeks **is not 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 7/2/2013. 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 chiropractic evaluation and therapy 2 times a week for 8 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture therapy 2 times a week for 8 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for massage therapy 2 times a week for 8 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 Physical Medicine and Rehabilitation, 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:

The patient is a 61-year-old female who reported an injury on 01/29/2013 with a mechanism of injury being the patient placed a binder back onto a shelf, turned to walk away, and the binder fell onto the patient at the base of the skull and right low back. It was stated through the examination notes that the patient had an MRI of the head that was unremarkable. Diagnoses were stated to be concussion, closed head trauma, neck strain, and lumbar strain with radiculopathy. The current medications were noted to be omeprazole, ibuprofen, and tramadol. Per the note dated 07/25/2013, the patient was noted to have spinal and paraspinal tenderness on the left. The patient was noted to have a tender right paraspinal and buttock with a good range of motion. The patient was noted to have grip strength 5/5, the knee x-ray was noted to be within normal limits, and it was stated for the patient to continue acupuncture. The patient states that she has headaches that continue and come on with looking down, dizziness that flares when the patient is looking down to read, back pain and neck pain continue and is worse with sitting for prolonged periods of time.

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 The Hartford
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for chiropractic evaluation and therapy 2 times a week for 8 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Low Back chapters, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Guidelines, Manual therapy and manipulation, pages 58-60, which is a part of the MTUS, and the Official Disability Guidelines, (ODG), Chiropractic Guidelines, Regional Neck Pain, which is not a part of MTUS.

Rationale for the Decision:

This request was previously denied as, per a peer review dated 05/13/2013; the employee had completed approximately 18 supervised rehabilitation sessions to date without significant benefit. The Chronic Pain guidelines recommend manual therapy for chronic pain for the low back, if it is caused by musculoskeletal conditions. It is recommended for a trial of 6 visits over 2 weeks with evidence of objective functional improvement for a total of up to 18 visits over 6 weeks. The Chronic Pain guidelines do not address Chiropractic care for the cervical spine. The Official Disability Guidelines (ODG) recommends manual therapy for the neck and upper back for the diagnosis of regional neck pain for 9 visits over 8 weeks. The note dated 07/25/201 indicated that the employee had spinal and paraspinal tenderness on the left. The employee was noted to have a tender right paraspinal and buttock with a good range of motion. The employee complained of headaches that continue and come on with looking down, dizziness that flares when the employee is looking down to read, back pain and neck pain continue and is worse with sitting for prolonged periods of time. The employee has been noted to have a prescription for prior chiropractic sessions; however, it fails to provide documentation of the employee's objective functional improvement. **Given the above, the request for Chiro eval and therapy 2 times a week for 8 weeks is not medically necessary and appropriate.**

2) Regarding the request for acupuncture therapy 2 times a week for 8 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 Acupuncture Medical Treatment Guidelines, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pages 1, 7 & 8, and the MTUS Definitions (f), "Functional Improvement", which are part of MTUS.

Rationale for the Decision:

The request was previously certified for 4 sessions of acupuncture. The Acupuncture Medical Treatment Guidelines recommend acupuncture treatments for an optimum duration of 1 to 2 months, and acupuncture treatments may be extended if functional improvement is documented which either means a clinically significant improvement in the activities of daily living or reduction in work restrictions as measured during the history and physical exam. The examination dated 07/25/2013 revealed that the employee was to continue with acupuncture. The clinical documentation submitted for review failed to provide the employee's response and documented functional improvement to support the continuation of acupuncture. **Given the above, the request for acupuncture therapy 2 times a week for 8 weeks is not medically necessary and appropriate.**

3) Regarding the request for massage therapy 2 times a week for 8 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 American College of Occupational and Environment Medicine (ACOEM), 2nd Edition, (2004), Neck and Low back chapter, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage Therapy, page 60, which is a part of MTUS.

Rationale for the Decision:

This request was previously non-certified as there were no muscular spasms, knots or tender points in the neck or low back area. The Chronic Pain guidelines recommend massage therapy limited to 4 to 6 visits in most cases and it states that it is beneficial in attenuating diffuse musculoskeletal symptoms. The note dated 07/25/2011 indicated that the employee had spinal and paraspinal tenderness on the left. The employee was noted to have a tender right paraspinal and buttock with a good range of motion. The employee complained of headaches that continue and come on with looking down, dizziness that flares when the patient employee is looking down to read, back pain and neck pain continue and is worse with sitting for prolonged periods of time. The clinical documentation submitted for review fails to provide exceptional factors to justify exceeding guideline recommendations. **Massage therapy 2 times a week for 8 weeks 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

/ejf

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.