

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 3/26/2013
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005265

- 1) MAXIMUS Federal Services, Inc. has determined the request for six Chiropractic visits defaulted to 30 days for the cervical spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 six Chiropractic visits defaulted to 30 days for the cervical spine **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

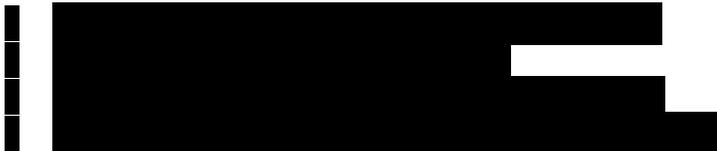
The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor, and is licensed to practice in California. He/she has been in active clinical practice for more than five years 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:

The available medical records indicates that this 37 years old female patient suffering from chronic recurrent neck pain following an autoaccident injury. Previous treatment includes 3 chiropractic treatment, medications, 12 physical therapy treatments. X-rays show degenerative disease and soft tissue thickening with disc space narrowing. MRI of the cervical spine reveal no disc protrusion, spinal cord compression or spinal cord injury.

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:



- 1) **Regarding the request for six Chiropractic visits defaulted to 30 days for the cervical spine:**

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 ODG Neck and Upper Back Chapter and ODG Chiropractic Guidelines – Regional Neck Pain, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter

8) as well as Chronic Pain Medical Treatment Guidelines, Section Manual Therapy & Manipulation, pages 58-59, which are part of the MTUS.

Rationale for the Decision:

According to the available medical records, this employee did report seeing a chiropractor for 3 visits. However, there are no other records/evidence of prior chiropractic treatment. MTUS guidelines recommended a trial of 6 chiropractic treatments over 2 week. **The request for six Chiropractic visits defaulted to 30 days for the cervical spine 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:

A large black rectangular redaction box covers the names and contact information of the recipients listed in the 'cc:' field.

/skf

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.