

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	6/1/2010
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006471

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic treatment of the cervical spine twice a week for four week is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **the use of a topical analgesic is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 treatment of the cervical spine twice a week for four weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **the use of a topical analgesic 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 Preventive Medicine and Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 1, 2010.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine of August 30, 2011, notable for multilevel disk protrusions and degenerative changes of uncertain clinical significance; topical analgesics; prior unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work.

Prior note of May 28, 2013, suggested that the applicant has not worked since August 23, 2010.

In a utilization review report of July 16, 2013, chiropractic treatment and topical analgesics are non-certified.

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

### 1) Regarding the request for chiropractic treatment of the cervical spine twice 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, which are a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 58-59, which are a part of MTUS.

#### Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines do endorse 18 to 24 sessions of manipulative therapy in those individuals who demonstrate functional improvement and return to work. The records provided for review in this case show that the employee has failed to return to work several years removed from the date of injury. Pursuing additional manipulative therapy in this context is not indicated by the guidelines. **The request for chiropractic treatment is not medically necessary and appropriate.**

### 2) Regarding the request for the use of a topical analgesic:

#### 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 the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3) pg 47, and the Chronic Pain Medical Treatment Guidelines, page 111, which are part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate oral pharmaceuticals are the first line of palliative measures. The medical records provided for review show no evidence of intolerance to and/or failure of first line oral analgesics so as to make a case for topical agents or topical compounds which are not recommended per guidelines. The MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental. **The request for the use of a topical analgesic 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  
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Oakland, CA 94612

/dso

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.