

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:	7/17/2013
Date of Injury:	3/29/2011
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008950

- 1) MAXIMUS Federal Services, Inc. has determined the request for two sessions of chiropractic treatment **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 two sessions of chiropractic treatment 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 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 low back pain reportedly associated with an industrial injury of March 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; work restrictions; extensive period of time off of work, on total temporary disability. The applicant has alleged pain secondary to cumulative trauma. In a prior utilization review report of July 17, 2013, it is stated that an additional four sessions of chiropractic manipulative therapy are partially certified while two sessions of chiropractic manipulative therapy are non-certified. The applicant's attorney appealed on August 8, 2013. In a clinical progress note of July 2, 2013, the applicant presents with chronic knee pain, chronic low back pain, chronic leg pain, and chronic shoulder pain. The applicant is walking with a cane. He is post hip replacement. He is placed off of work, on total temporary disability, and is asked to consult a knee surgeon and pursue additional manipulation. A later note of July 1, 2013, again suggests that the applicant remains off of work, on total temporary disability.

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 two sessions of chiropractic treatment:

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 MTUS Guidelines regarding manual therapy and manipulation.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 58-60, which are part of the MTUS.

Rationale for the Decision:

As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation or extension of manipulative therapy is evidence of successful return to work. In this case, however, the employee has failed to return to work, according to the medical records submitted for review. The employee remains off work on total temporary disability. Continuing manipulative therapy in this context is not recommended in light of the employee's failure to return to any form of work. **The request for two sessions of chiropractic treatment 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

/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.