

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	6/12/2008
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0011140

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic X 10 visits is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine facet injection at C3-4, C4-5, and C5-6 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 X 10 visits** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine facet injection at C3-4, C4-5, and C5-6** 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 59 year old male who reported an injury on 06/12/2008. His diagnoses include myalgia and myositis, chronic pain, neck pain, cervical degenerative disc disease, and spinal stenosis in the cervical region. He has reported symptoms of pain in the left anterior neck, left lateral neck, left posterior shoulder, and left arm, however, his neck causes the most pain. His recent physical exam findings included tenderness with palpation of the left side of his neck, active trigger points, and positive facet loading tests. There have been no objective findings of radiculopathy noted. His treatments have included physical therapy, epidural steroid injection, trigger point injections, and medications.

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 X 10 visits:

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 173, algorithm 8-1, which is part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, Low Back and Neck Chapters, which is part of the MTUS, and the Official Disability Guidelines (ODG), Chiropractic guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pages 58-60, which is part of the MTUS.

Rationale for the Decision:

The employee does have neck pain related to degenerative disc disease. According to MTUS Chronic Pain guidelines, manual therapy and manipulation, such as chiropractic care is recommended for conditions caused by musculoskeletal conditions. However, the recommended number of visits is 4-6 as “there should be some outward sign of subjective or objective improvement within the first 6 visits”. The request is for 10 visits, which exceeds the guidelines’ recommendation. **The request for chiropractic X 10 visits is not medically necessary and appropriate.**

2) Regarding the request for cervical spine facet injection at C3-4, C4-5, and C5-6:

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Invasive Techniques, page 300, which is part of the MTUS, and the Official Disability Guidelines Back Chapter, Facet joint pain, which is 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) page 173, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper Back, Facet Diagnostic Blocks, which is not part of the MTUS.

Rationale for the Decision:

The employee has a diagnosis of chronic neck pain. Although the employee has been noted to have pain in the left inner arm and into the 4th and 5th fingers, the employee’s electromyography and nerve velocity studies were normal, and there have been no documented objective findings to suggest that this pain is radicular. It was noted that the employee had tried physical therapy for two weeks a number of year ago. According to the MTUS/ACOEM guidelines, invasive techniques have no proven benefit in treating acute pain, but diagnostic or therapeutic injections may be beneficial in the transitional phase between

acute and chronic. The Official Disability Guidelines define facet joint pain as “symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapular pain, and upper arm pain”. Facet Diagnostic Blocks are recommended for this type of pain if the employee meets the criteria. The criteria require that there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are injected in one session. The employee does have chronic neck pain and the symptoms of facet joint pain according to Official Disability Guidelines. However, the number of levels being requested exceeds Official Disability Guideline recommendations. Also, there was a lack of specific tenderness at the facet joints to support facet mediated pain. The documentation notes the employee has not had more than two weeks of physical therapy and there is no documentation of use of anti-inflammatories or home exercise. Therefore, the criteria for facet injections has not been met in these areas. **The request for cervical spine facet joint injection at C3-4, C4-5, and C5-6 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

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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.