

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	11/26/2010
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011578

- 1) MAXIMUS Federal Services, Inc. has determined the request for **osteopathic adjustments is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. 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 **osteopathic adjustments is not 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 physician reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 11/26/2010 after climbing a ladder and opening a roof hatch when the hatch slammed down on his head. The patient underwent an MRI in 02/2011 demonstrating C5-6 and C6-7 disc pathology. The patient had continued cervical spine pain. Conservative therapies included acupuncture, physical therapy, and medications. The patient underwent myofascial therapy that allowed the patient to discontinue medications and participate in a home based exercise program. The patient's diagnoses included occipital neuralgia bilaterally, cervical facet syndrome at the C3 through C7 levels bilaterally, and cervical spondylosis without myelopathy. The patient's treated plan included continued massage therapy and myofascial release.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for osteopathic adjustments:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision..

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage Therapy, pg. 60, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy, which is not part of the MTUS.

Rationale for the Decision:

The requested osteopathic adjustments are not medically necessary or appropriate. The employee does have continued low back pain. The request as it is written does not clearly identify what types of osteopathic adjustments are being requested; however, the clinical documentation submitted for review does provide evidence that the employee has received ongoing massage therapy. It is noted that within the documentation that the employee is receiving pain relief and functional benefit as a result of the ongoing massage therapy. However, California Medical Treatment Utilization Schedule recommends a limited amount of massage therapy for up to 4 to 6 visits. Additionally, maintenance care of manual therapy and manipulation is not supported by California Medical Treatment Utilization Schedule or Official Disability Guidelines. The request is unclear of the exact nature of the osteopathic adjustments and additional maintenance care for manual therapy and manipulation are not supported by guideline recommendations. **The request for osteopathic adjustments 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, 18<sup>th</sup> 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.