

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: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	11/21/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012610

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 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 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:

Claimant was involved in a work injury on 11/21/2010. Claimant currently complains of daily headache and neck pain. The claimant also complains of arm weakness. Claimant has cervical spine disc bulges at C4-5. The claimant has had hand surgery. The patient also has post traumatic headaches. The primary diagnoses are cervical brachial radiculitis, cervical disc syndrome with myelopathy and cervical mysovascular syndrome. The patient has not worked since the date of the injury. The patient had a pre-existing injury due to a MVA that occurred in 2001. The patient has had a course of chiropractic treatment from 5/15/2013 to 7/9/2013. The chiropractor reports that the patient has a reduction of pain, sensitivity and improvement in range of motion. No functional improvement is documented.

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 six chiropractic visits:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 58, which is part of the MTUS. .

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

Rationale for the Decision:

According to MTUS Chronic Pain guidelines, further visits after an initial trial are medically necessary based on objective functional improvement. After eighteen visits, further visits can be medically necessary for recurrences or flare-ups at 1-2 visits at a time. From the records submitted for review, It is unclear how many chiropractic treatments this employee has already had. It is clear that this is not a request for an initial trial. The chiropractor documented an improvement in pain and range of motion. However there is no documentation of functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. Based on the submitted documentation, six chiropractic visits exceed the guideline recommendation. **The request for six chiropractic visits are 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

/bh

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.