

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

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Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

11/10/1994

7/18/2013

CM13-0001907

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic and physical therapy, times five (5) sessions **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for massage therapy times one(1) session **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 and physical therapy, times five (5) sessions **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for massage therapy times one(1) session **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in Chiropractic 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 17, 2013:

“CLINICAL SUMMARY:

██████████ is a 48 year old (DOB: 11/06/64) female, employed by ██████████ with a date of injury on 11/10/94. The carrier has accepted: Trunk: Low Back (Lmbr/Lmbo-Sac). The currentwork status is: Currently unemployed”.

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 for Independent Medical Review (received 7/18/13)
- Utilization Review Determination from ██████████ (dated 7/17/13)
- Medical records provided by ██████████
- Medical Treatment Utilization Schedule

1) Regarding the request for chiropractic and physical therapy, times five (5) sessions :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on November 10, 1994 resulting in back pain. The medical records provided for review indicate diagnoses of lumbar radiculitis, and degenerative disc disease of the lumbar spine with right leg sciatica. Treatments have included diagnostic studies, chiropractic care, physical therapy, transforaminal blocks, and medication management. The request is for chiropractic and physical therapy, times five (5) sessions.

MTUS Chronic Pain guidelines indicate that manual therapy & manipulation for low back pain is recommended with evidence of objective functional improvement. The medical records reviewed document the employee experienced some positive outcome and functional improvement from prior therapy treatments. The request for chiropractic and physical therapy times five (5) sessions **is medically necessary and appropriate.**

2) Regarding the request for massage therapy times one(1) session :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 60, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on November 10, 1994 resulting in back pain. The medical records provided for review indicate diagnoses of lumbar radiculitis, and degenerative disc disease of the lumbar spine with right leg sciatica. Treatments have included diagnostic studies, chiropractic care, physical therapy, transforaminal blocks, and medication management. The request is for massage therapy, one (1) session.

MTUS Chronic Pain guidelines state massage therapy lacks long-term benefits and does not address the underlying causes of pain. The request for massage therapy, times one (1) session, **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

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.