
Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	3/8/2013
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002438

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic two times a week for three weeks with Mech traction, electrical stimulation, infrared, ultrasomd, chiropractic manipulative therapy, joint mobilization, and deep tissue therapy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **LSO brace is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-rays cervical, lumbar, bilateral shoulders, and bilateral knees is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **occupational medicine consult is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 two times a week for three weeks with Mech traction, electrical stimulation, infrared, ultrasomd, chiropractic manipulative therapy, joint mobilization, and deep tissue therapy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **LSO brace is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-rays cervical, lumbar, bilateral shoulders, and bilateral knees is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **occupational medicine consult is 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 physician reviewer is Board Certified in Chiropractor 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:

This 36 years old patient present with moderate-to-severe pain and weakness in both shoulders, with radiation of pain including tingling, numbness and electrical sensations down the arms to the hands; constant moderate, throbbing pain in the neck with radiation of pain down the upper back and into the upper shoulders; intermittent, moderate-to-severe pain in the mid and upper back; constant, moderate-to-severe pain in the lower back which she described as tender, throbbing, sharp and penetrating; dull, aching pain and soreness in the right hip radiating down the right leg to the right ankle; constant, sharp, aching pain in both knees. Treatment has included pain medication and activities modification, chiropractic and conservative physiotherapy is intended for the lumbar spine.

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
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for chiropractic two times a week for three weeks with Mech traction, electrical stimulation, infrared, ultrasomd, chiropractic manipulative therapy, joint mobilization, and deep tissue therapy :**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd edition, Low Back Chapter, Pages 298-299, The Chronic Pain Medical Treatment Guidelines, pages 58, 99-99, which are part of the MTUS, and the Official Disability Guidelines (ODG), <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pages 58-59, which is part of the MTUS.

Rationale for the Decision:

Regarding the requested chiropractic 2x3 with Mechanical Traction, electrical stimulation, infrared, ultrasound, chiropractic manipulative therapy, joint mobilization, and deep tissue therapy, The Chronic Pain guidelines, page 58-59 recommend manipulation as an option for therapeutic care – Trial of 6 visits over 2 weeks. Electrical Stimulation (MTUS Chronic Pain page 118) and Deep tissue therapy (MTUS Chronic Pain page 60) are also recommended as adjunct therapy and should be limited to 4-6 visits. Mechanical traction, infrared and ultrasound are not recommended. The medical records submitted for review do not document a clear rationale identifying the medical necessity for performing multiple physical medicine modalities concurrently. **The request for chiropractic two times a week for three weeks with Mech traction, electrical stimulation, infrared, ultrasomd, chiropractic manipulative therapy, joint mobilization, and deep tissue therapy is not medically necessary and appropriate.**

2) **Regarding the request for LSO brace :**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd edition, (2004) Low Back Chapter, pg 301 which is part of the MTUS and the Official Disability

Guidelines (ODG) (2009) Low Back Chapter, which is not part of the (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, Lumbar Braces, page 301, which is part of MTUS.

Rationale for the Decision:

The ACOEM guidelines, page 301 on Low Back identified that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. **The request for LSO brace is not medically necessary and appropriate.**

3) **Regarding the request for x-rays cervical, lumbar, bilateral shoulders, and bilateral knees**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd edition, (2004) Low Back Chapter, pg 303-304 and table 12-8, ACOEM Shoulder Chapter pg 208, ACOEM Knee Chapter pg 343, which is part of the MTUS and the Official Disability Guidelines (ODG) (2009) Neck, Upper Back, and Shoulder Chapters, which is not part of the (MTUS).

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-304, which is part of MTUS and the Official Disability Guidelines, (ODG), Neck and Upper Back Chapter, cervical X-ray, which is not part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines (ODG), Neck and Upper Back Chapter state cervical X-rays are not recommended. The ACOEM guidelines, support lumbar spine X-rays in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic exam, do not respond to treatment, and who would consider surgery. The ACOEM guidelines also support Shoulders X-rays for emergence of a red flag diagnosis, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. The guidelines recommend knee X-rays following trauma where there is joint effusion within 24 hours of direct blow, palpable tenderness over fibular head or patella, inability to walk or bear weight immediately or within a week of trauma; inability to flex knee to 90 degree. The medical records submitted for review indicate that the employee is well past acute phase of injury, is not contemplating surgery, and there is no medical documentation provided as to the outcome of conservative care thus far in the employee's treatment plan. **The request for X-rays cervical, lumbar, bilateral shoulders and bilateral knees is not medically necessary and appropriate.**

4) **Regarding the request for occupational medicine consult:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd edition, (2004) Low Back Chapter, pg 127 which is part of the MTUS and the Official Disability Guidelines (ODG) (2009) Low Back Chapter, which is not part of the (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine, (ACOEM), page 127 and the Official Disability Guidelines, (ODG).

Rationale for the Decision:

The ACOEM guidelines, page 127, states that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. ODG encouraged evaluation and management visits to the offices of medical doctor. The medical records submitted for review document the employee's pain level is moderate-to-severe, with a numeric rating scale of 10 for knee pain, hip pain and low back pain. It is within the guidelines that a medicine consult would be helpful for this employee in achieving functional improvement and return to work. **The request for occupational medicine consult is 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.