

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 1/11/2007  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002669

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic sessions two (2) times a week for four (4) weeks **is not 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 sessions two (2) times a week for four (4) weeks **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 expert reviewer is a Licensed Chiropractor, 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 1, 2013:

“The claimant has completed 17 chiropractic treatments to date. The claimant has continued neck pain. The claimant has continued right upper extremity greater than left upper extremity pain. Examination reveals weakness in grip strength. The claimant has tenderness to the right shoulder at the subacromial space and right trapezius muscles. The claimant has tenderness to the right hand with weak grip strength. Current request is for chiropractic care.

“Chronic Pain MTUS notes that an initial trial of 6 visits over 2 weeks is recommended with evidence of objective functional improvement with a total of up to 18 visits over 6-8 weeks.

“In this case, the claimant has completed 17 chiropractic visits to date. However, there is limited evidence of clinical gains from the completed visits. In addition, current deficits are limited to pain, which is minimal, and it is expected that the claimant is well versed in home exercise program. Non-certification is recommended.

“It is expected that the claimant is well versed in home exercise program. Non-certification is recommended.”

**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 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/01/2013)
- Employee medical records from [REDACTED] (dated 08/06/2013)
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for chiropractic sessions two (2) times a week for four (4) weeks:****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 Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy section, which is part of the California Medical Treatment Utilization Schedule (MTUS). 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 MTUS Chronic Pain Guidelines recommended manipulation for chronic pain if caused by musculoskeletal condition. The MTUS Chronic Pain guideline recommends a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 week. Palliative care should be reevaluated and documented at each treatment session. The medical records provided for review indicate the employee suffers from chronic neck and shoulder pain and has completed 17 prior chiropractic treatments. There were no chiropractic treatment records available for review, and the available medical records failed to indicate functional improvement. The request for chiropractic sessions two (2) times a week for four (4) weeks **is not medically necessary or 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, 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.