
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for Eight (8) Chiropractic treatments **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Eight (8) Chiropractic treatments **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 13, 2013.

“This is a patient with a date of birth 04/06/1965 and date of injury 05/17/2012 with a history of injury to the cervical spine and left shoulder. I reviewed the provider's report dated 06/17/13. In that report, the provider states that the patient walks with a normal gait and limited motion to the cervical spine, positive hyperextension with tenderness in the lumbar spine and as stated the patient needs both chiropractic and physical therapies. The patient has significant findings on MRI with positive provocative testing to go along with this and also states that the patient needs electrodiagnostic studies of both upper and lower extremities to rule out radiculopathy and he also stated that the patient needs psychiatric evaluation and an internist evaluation as well as physical therapy to both wrists for carpal tunnel syndrome.”

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 by [REDACTED] (dated 7/13/13)
- Employee's Medical Records by Dr. [REDACTED] (dated 10/4/12 thru 6/27/13)
- Employee's Medical Records by Dr. [REDACTED] Lin (dated 7/3/12 thru 10/18/12)
- Employee's Medical Records by [REDACTED] (dated 8/29/12 thru 9/25/12)
- Work Status Report by [REDACTED] (dated 8/6/12 thru 11/26/12)
- Employee's Medical Records by [REDACTED] (dated 5/8/13)
- Official Disability Guidelines (2009) – Manipulation Chapter

1) Regarding the request for Eight (8) Chiropractic treatments:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter, Manipulation Section, which is not part of the California 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 workplace injury on 5/17/12 when she hit the front side of her left shoulder on a door frame. The employee went to urgent care and was given a prescription for Soma and Naprosyn. The employee has undergone 6 physical therapy sessions with some benefit at the end but symptoms returned.

The guideline recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guideline recommends a trial of six (6) visits, and with evidence of functional improvement, a total of up to 18 visits over six (6) weeks. Medical records received and reviewed show evidence of a trial course of conservative care with no documented functional improvement. The request for Eight (8) Chiropractic treatments 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

/ldh

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.



