
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

3/14/2013

7/25/2013

CM13-0003396

- 1) MAXIMUS Federal Services, Inc. has determined the request for Psychological Consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 6 Chiropractic Manipulation visits **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Psychological Consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 6 Chiropractic Manipulation visits **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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:

No Clinical Summary was provided on the Utilization Review Determination dated 7/03/2013.

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 7/25/2013)
- Utilization Review Determination from [REDACTED]
- Employee medical records from the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for Psychological Consultation

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Schedule (May, 2009) pg. 100, which is part of the Medical Treatment Utilization Schedule (MTUS), and additionally cited ACOEM Guidelines, 2e, page 398, B, Referral, which is not part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 14, 2013. The medical records provided for review indicate findings of trauma to the nose requiring surgery, blunt head trauma, neck and back pain. The request is for psychological consultation

CA MTUS chronic pain guidelines recommend psychological consultation for patients with chronic pain or at risk for chronic pain. The medical records reviewed indicate the employee appears to be at risk for chronic pain due to the circumstances of the injury. Also, ACOEM guidelines recommend referral for significant potential disorders. Due to the traumatic nature of this injury, and the specialty of the primary treating physician, guideline criteria for a referral have been met. The request for psychological consultation **is medically necessary and appropriate.**

2) Regarding the request for 6 Chiropractic Manipulation visits:

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg. 173-174 and the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 298-299 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 14, 2013. The medical records provided for review indicate findings of trauma to the nose requiring surgery, blunt head trauma, neck and back pain. The request is for 6 chiropractic manipulation visits.

CA MTUS ACOEM guidelines recommend manipulation as an optional treatment for neck pain and low back pain. The medical records reviewed indicate the employee has cervical and low back pain after trauma. There is no indication in the records reviewed that there has been any previous chiropractic care. The request for 6 chiropractic manipulation visits **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;

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

/mbg

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.