

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	12/6/2007
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003709

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatment to the neck twice a week for three weeks **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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 treatment to the neck twice a week for three 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.

### **Expert Reviewer Case Summary:**

This is a 35 year old male patient with chronic shoulder injuries and chronic neck pain that requires future medical care. Treatments to date include surgery of the left shoulder, physical therapy, pain medications, home exercise program, chiropractic manipulation, epidural steroid injections, ice, home cervical traction, topical pain cream, and massage. The patient has a history of chronic neck and shoulders pain for which he reported an exacerbation on 6/11/2013. The treating doctor's report indicated neck pain radiating to the left arm with numbness of the fourth and fifth fingers. The diagnosis was flared C5-C6 degenerative disc disease with left C6 radicular pain. The recommended treatment is eight chiropractic treatments to restore spinal range of motion and improve strength and posture, as well as prescriptions for prednisone, Anarox and Protonix.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for chiropractic treatment to the neck twice a week for three 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, Manual Therapy and Manipulation, which are part of the MTUS.

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

Rationale for the Decision:

According to the medical records submitted for review, there were six chiropractic treatments authorized in March 2013 and there were four chiropractic treatments rendered in June 2013. The records, however, do not document objective functional improvement from these treatments and a return to work was not shown to be achieved. **The request for chiropractic treatment to the neck twice a week for three weeks 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,

Paul Manchester, MD, MPH  
Medical Director

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

/DSO

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.