

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	8/31/2003
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004366

- 1) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic treatment three (3) times a week for two (2) weeks** is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 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 three (3) times a week for two (2) 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 physician reviewer is Board Certified in 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 60 years old female presents with chronic recurrent bilateral carpal tunnel syndromes, neck pain radiating to bilateral shoulder and upper back with date of injury back in 2001 and 2003. . According to the treating doctor reports, she also complaint of some low back pain but I can not find any history/records documenting this low back pain is work related injury. She had surgeries on both hands for carpal tunnel syndromes relieve with no success. Since 2001 until present, she had been receiving pain medications, continuous chiropractic, PT and acupuncture care. Her Agreed Medical Evaluation dated July 12, 2012 also documented MRI reflecting some small buldging of the cervical spine but she did not have any clinical findings related to the cervical spine and the lumbar spine. There was no evidence in the medical records available document functional improvement.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for chiropractic treatment three (3) times a week for two (2) 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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck/Upper back Chapter 8, page 173, and the Chronic Pain Medical Treatment Guidelines, pgs. 58-59, which are part of the MTUS.

Rationale for the Decision:

According to the medical records available, this employee presented with chronic pain due to carpal tunnel syndrome and some residual neck pain. The employee has received continuous chiropractic care, at least during the period of April, May and June of this year (2013) with no documentation of exacerbation and no evidence of objective improvement in function. **The request for chiropractic treatment three (3) times a week for two (2) 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, 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.