

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	12/4/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005092

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic manipulation times 12 cervical and lumbar **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 manipulation times 12 cervical and lumbar **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:

According to the available medical records, this is a 63-year-old female patient with chronic neck pain, low back pain and shoulders pain. X-rays of the cervical spine revealed degenerative disc disease, X-rays of the lumbar spine revealed disc loss at L5-S1 level with mild scoliosis. MRI of the lumbar spine revealed anterior disc bulges and bilateral facet arthrosis, left central to left extra foraminal disc protrusion and posterior lateral spondylosis which mildly impresses on the thecal sac and encroaches on the left transiting S1 nerve root, and produces marked left lateral recess stenosis and marked left neural foraminal narrowing, bilateral facet arthrosis. MRI of the right shoulder revealed partial thickness intrasubstance tear of the mid to distal supraspinatus tendon, fusiform intramuscular lipoma, mild infraspinatus tendinosis, moderate AC arthrosis, medial subluxation of the biceps long head tendon. Previous treatment includes medications, physical therapy, chiropractic, acupuncture and modified work duty.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for chiropractic manipulation times 12 cervical and lumbar:

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 California Chronic Pain MTUS, pg.58-60, which are part of MTUS.

The Expert Reviewer based his/her decision on the California Chronic Pain MTUS, pg.58-59, which are part of MTUS.

Rationale for the Decision:

The MTUS guidelines recommend manual therapy for the low back at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The medical records submitted for review indicate that the employee has chronic neck pain, low back pain and shoulders pain from a work related injury dated 12/04/11. On 7/9/13 the employee presented with neck pain radiating to the right shoulder, right shoulder pain that radiating down arm, with tingling sensations in the shoulder, low back pain that radiates to the right hip with cervical spine tenderness to palpation over the midline spine and employee was placed on modified work. The medical records indicate that the employee did receive some chiropractic treatments in the past, however there was no documentation submitted evidencing the reported treatments. The request for chiropractic manipulation times 12 cervical and lumbar exceed the recommended amount per MTUS guidelines. **The request for chiropractic manipulation times 12 cervical and lumbar 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

/th

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.