

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:	7/3/2013
Date of Injury:	9/27/2001
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006678

- 1) MAXIMUS Federal Services, Inc. has determined the request for **manipulation and myofascial release one time for six sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **manipulation and myofascial release one time for six sessions is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 medical records available, this employee presents with chronic neck and back pain as a result of an injury dated 9/27/2001. MRI of the neck revealed disc/osteophyte complex, couple with severe left uncovertebral joint hypertrophy, creates a slight impression on the left side of the anterior surface of the cervical spinal cord at the C6-7 level, disc/osteophyte complex at C5-6, straightening of the cervical segment may be due to splinting or spasm, disc disorders at T2-3 and T3-4, there appears to be a mild impression on the right side of the anterior surface of the thoracic spinal cord at the T2-3 level; patient had a C4-5 fusion. MRI of the lumbar spine revealed asymmetrical annular bulging at L4-5, greater on the right side, disc material contacts the right L5 nerve root without significant displacement, there is a central annular tear, minimal annular bulging from T11-12 to L2-3, mild annular bulging at L3-4 and L5-S1, desiccation of the L4-5 and L5-S1 discs, minimal dextroscoliosis of the lumbar spine. The patient presented with a flare-up on 4/22/2013, 2 chiropractic treatments were approved per UR report (05/22/2013). Progress report (06/03/2013) from the treating doctor with the same complaints and 3 chiropractic treatments were approved per UR report (06/17/2013)

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for manipulation and myofascial release one time for six sessions:

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 Post Surgical Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, pages 106, 111, and 115, and Chronic Pain Medical Treatment Guidelines, pages 58, which are part of the MTUS.

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

Rationale for the Decision:

The MTUS guidelines indicate that for manual therapy, the time to produce effect is four to six treatments. A trial of six visits over two weeks is recommended and with evidence of functional improvement a total of up to 18 visits over six to eight weeks. According to the available medical records, the employee had received 5 chiropractic treatments for the recent flare-up. The medical records, however, failed to show any objective measurable gains in functional improvement that had facilitated progression in the employee's therapeutic exercise program and a return to productive activities. Therefore, the request for manipulation and myofascial release is not supported per the guidelines. **The request for manipulation and myofascial release one time for six sessions 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

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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.