

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	9/28/2011
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008483

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic once a week for six weeks for the cervical/lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 once a week for six weeks for the cervical/lumbar spine **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 Licensed Acupuncturist 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:

The patient is a 31-year-old female who was injured on 9/28/2011. According to the progress report dated 7/15/2013, the patient complained of right C1-C2 pain, bilateral numbness and neuralgia at C5-C6. Significant objective findings included positive shoulder depression test, positive bilateral facet compression, positive Soto Hall, positive cervical distraction, and positive right trigger points. The patient was diagnosed with cervical/CADS injury, lumbar sprain/strain, and cervicothoracic subluxation. The provider requested chiropractic care once a week for 6 weeks. An MRI dated 12/11/2011 revealed a 2mm broad based central disc herniation at C4-C5 and a 1mm broad based central disc herniation at C5-C6. Lumbar MRI dated 12/14/2011 revealed a 3mm AP disc herniation and broad based central disc herniation at L4-L5 with an annular tear along the caudal margin. According to Dr. [REDACTED] medical legal report dated 2/23/2012, the patient reached maximum medical improvement. Dr. [REDACTED] provided chiropractic care to the patient. The patient reported that spinal manipulation as well as physiotherapy modalities and conditioning was and continued to be quite helpful in reducing the symptoms thereby increasing the ability to function.

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 once a week for six weeks for the cervical/lumbar spine:

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 Guideline (2009), pages 58-59, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation Section, pages 58-60, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state chiropractic manipulation is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. Further, the guidelines indicate that functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The records submitted for review include a report dated 2/23/2012 that documented chiropractic care was helpful, but there is no documentation of measurable objective functional improvement with chiropractic care. The employee complained of right C1-2 pain, bilateral numbness, and neuralgia at C5-6. Guidelines do recommend chiropractic manipulation for patients that exhibit flare up's with re-evaluation of treatment success. However, the number of visits is limited to 1-2 every 4-6 months. There is no documentation of re-evaluation of treatment success, of sustained functional improvement, and no evidence of measurable objective functional improvement. In addition, the requested total of 6 chiropractic visit exceeds the guideline recommendations.

The request for chiropractic once a week for six weeks for the cervical/lumbar spine 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

/sab

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.