

Independent Medical Review Final Determination Letter

670

Dated: 12/26/2013

IMR Case Number:	CM13-0025465	Date of Injury:	09/03/2012
Claims Number:	[REDACTED]	UR Denial Date:	09/13/2013
Priority:	STANDARD	Application Received:	09/17/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
97999, 98940			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a represented [REDACTED] who has filed a claim for chronic neck pain reportedly associated with an industrial lifting injury of September 3, 2012. Thus far, the patient has been treated with the following: Analgesic medications; prior cervical fusion surgery at C5-C6, and C6-C7 on January 8, 2013; a cervical collar; unspecified amounts of physical therapy; adjuvant medications; and reported return to regular duty work with effect on September 1, 2013. In a utilization review report of September 13, 2013, the claims administrator partially certified request for acupuncture and manipulative therapy. Twelve sessions of each modality were requested; the claims administrator partially certified six sessions of each. The applicant's attorney appealed, however, on September 17, 2013. A later note of October 21, 2013 is notable for comments that the patient has returned to regular duty work and is tolerating it appropriately. He is using Norco, Soma, and Motrin for flares of pain. It is stated that the six sessions of manipulation and acupuncture were effective. The patient exhibits a steady gait and 5/5 upper extremity strength. X-rays show stable indwelling fusion hardware. The patient is asked to continue regular duty work.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Acupuncture sessions to the neck, quantity 12 is medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the California Medical Treatment Utilization Schedule, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, six sessions were partially certified by the claims administrator. The employee responded favorably to six prior treatments. The medical records provided for review indicated the employee returned to regular duty work, implying the presence of functional improvement as defined in the MTUS. Thus, additional information developed since the six-session partial certification has established the presence of functional improvement. **The request for acupuncture sessions to the neck, quantity 12 is medically necessary and appropriate.**

2. Chiropractic treatments to the neck, quantity 12 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 59-60, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, between 18 and 24 sessions of manipulative therapy can be endorsed if a patient demonstrates functional improvement by achieving or maintaining successful return to work. The medical records provided for review indicates that the employee returned to regular duty work which was achieved following completion of the six prior sessions of manipulative therapy partially certified by the claims administrator. **The request for chiropractic treatments to the neck, quantity 12 is medically necessary and appropriate.**

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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.

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