

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 5/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the MRI of cervical spine requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the MRI of right shoulder requested **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the acupuncture evaluation X 2 requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/28/2013 disputing the Utilization Review Denial dated 3/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 MRI of cervical spine requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the MRI of right shoulder requested **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the acupuncture evaluation X2 (right shoulder and arm) requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Secondary Treating Physician's Initial Evaluation Report dated March 23, 2013.

"The patient states that she sustained an injury to her right shoulder, right elbow, right hand, and neck due to repetitive work such as blood draws, taking vitals, washing clinical instruments, etc. gradually since 1996. She states that approximately in 2008, she began to develop symptoms. She states that since then she has been treated on and off again with her primary doctors. Her treat[ment] has consisted of medication and taking time off from work. She states that on January 18, 2013, she reported her symptoms to her supervisor. She was then referred to [REDACTED] in [REDACTED]. There, she was treated with follow-up examinations, had an x-ray of the neck, had physical therapy (6 sessions) without relief, was provided with medication and was placed off work. She is now being referred for further evaluations.

CHIEF COMPLAINT:

“CERVICAL SPINE:

“The patient complains of constant neck pain associated with headaches with dizziness and nausea. The pain is rated at 7/10. The pain increases with repetitive neck and head movements.

“RIGHT SHOULDER:

“The patient complains of constant right shoulder pain with radicular numbness and tingling into arm, elbow, hand, fingers, neck, and head. The pain is rated at 6/10. The pain increases with above shoulder level activities.

“RIGHT ELBOW:

“The patient complains of constant right elbow pain with swelling, numbness, and tingling into hand and fingers. The pain is rated at 6/10. The pain increases with lifting, carrying, gripping, grasping, pushing, pulling, torquing, and squeezing.

“RIGHT WRIST AND HAND:

“The patient complains of constant right wrist and hand pain with swelling, numbness, and tingling, and weakness into the fingers. The pain is rated at 6/10. The pain increases with lifting, carrying, gripping, grasping, pushing, pulling, torquing, and squeezing.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 3/7/13)
- Secondary Treating Physician’s Initial Evaluation Report by [REDACTED], D.O. (dated 3/23/13)
- Doctor’s First Report of Occupational Injury or Illness by [REDACTED], D.C. (dated 3/11/13)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Neck and Upper Back Complaints (Page 172); Shoulder Complaints (Pages 201 – 203)
- California Medical Treatment Utilization Schedule – Acupuncture Medical Treatment Guidelines (2009)

1) Regarding the request for MRI of cervical spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), of the Medical Treatment Utilization Schedule (MTUS). However, the Claims Administrator did not indicate which specific ACOEM section or page number was relied upon. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found ACOEM – Chapter 8 (Neck and Upper Back Complaints), of the MTUS relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee’s medical records showed persistent neck pain with repetitive motion, resistant to 6 weeks of conservative therapy with medications and physical therapy. Per the guidelines, the requested MRI of cervical spine is medically necessary and appropriate.

2) Regarding the request for MRI of right shoulder:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), of the Medical Treatment Utilization Schedule (MTUS). However, the Claims Administrator did not indicate the specific ACOEM section or page number was relied upon. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found ACOEM – Chapter 9 (Shoulder Complaints), of the MTUS relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee’s medical records showed persistent shoulder pain with repetitive motion, resistant to 6 weeks of conservative therapy with medications and physical therapy. Per the guidelines, the requested MRI of right shoulder is medically necessary and appropriate.

3) Regarding the request for acupuncture evaluation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator provided partial certification of the request for acupuncture evaluation of the right shoulder and elbow X2, by approving acupuncture evaluation X 1. The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM)

Guidelines, 2nd Edition, (2004), of the Medical Treatment Utilization Schedule (MTUS). However, the Claims Administrator did not indicate the specific ACOEM section or page number was relied upon. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the Acupuncture Medical Treatment Guidelines section of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The guideline indicates acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The employee's medical records showed persistent shoulder pain with repetitive motion, resistant to 6 weeks of conservative therapy with medications and physical therapy. The employee's medical records do not show evidence of other attempted treatment prior to proposed acupuncture, reduction of medication or intolerance to medication. The approval of one evaluation seems appropriate. The request for acupuncture evaluation X 2 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.