
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Acupuncture sessions, three (3) times a week for four (4) weeks **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/26/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 requested Acupuncture sessions, three (3) times a week for four (4) weeks **are not medically necessary and appropriate.**

Medical Qualifications of the Expert 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 Physical Medicine and Rehabilitation, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 8, 2013.

"Doctor's first report of occupational injury or illness dated 02/07/13 indicates that the claimant sustained an injury in the bilateral thighs and legs dated 02/06/13. The claimant experiences pain in the bilateral lower extremities due to repetitive standing from a sitting position. Currently, the claimant complains of pain in the bilateral lower extremity. The claimant reports no recent trauma on the bilateral legs and thighs. Examination shows mild to moderate tenderness over the posterior upper and lower legs. There is no ecchymosis, hematoma or signs of trauma".

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 4/8/13)
- Doctor's First Report of Occupational Injury or Illness (dated 02/07/13)
- Employee's Medical Records by [REDACTED] (dated 02/07/13 thru 06/13/13)
- Division of Workers' Compensation, Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines

1) Regarding the request for Acupuncture sessions, three (3) times a week for four (4) weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Division of Workers' Compensation, Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury in the bilateral thighs and legs on 2/6/13. Per medical records submitted and reviewed, the employee's treatment to date has included physical therapy and acupuncture.

The Acupuncture Medical Treatment Guidelines (2009) of the California Medical Treatment Utilization Schedule recommends a trial of 3-6 visits with follow-up if documentation shows functional improvement to justify further treatment. The latest medical record dated 6/13/13 indicates the employee's condition has not improved significantly. The request for acupuncture sessions, three (3) times a week for four (4) weeks 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
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/ldh

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.