
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 12 Sessions of Acupuncture **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Electromyography and Nerve Conduction Studies (EMG/NCS) for bilateral lower extremities **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested MRI of the Thoracic Spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/26/2013 disputing the Utilization Review Denial dated 6/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/26/2013. 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 requested 12 Sessions of Acupuncture **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Electromyography and Nerve Conduction Studies (EMG/NCS) for bilateral lower extremities **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested MRI of the Thoracic Spine **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 utilization review denial/modification dated June 4, 2013.

“The patient is a 29-year-old male who sustained injury on 4/30/13 when he twisted and "popped" his lower back while unloading merchandise onto a pallet. He is currently diagnosed with thoracic strain. A request was made for a thoracic spine MRI. On 5/14/13, the patient presented for an initial PMR evaluation with complaints of continuous neck and low back pain. This report also notes that he already has attended PT and acupuncture treatments (dates of service and number of sessions not stated) that provided him with pain improvement over the right hip and leg. The physical examination of the thoracolumbar spine showed limited range of motion, no sensory and motor deficits, normoactive deep tendon reflexes, and positive bilateral sitting straight leg raise test.”

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 (received 6/26/13)
- Utilization Review Determinations from [REDACTED] (dated 6/4/13)

- Employee medical records from [REDACTED], MD (dated 5/14/13-6/11/13)
- Employee medical records from [REDACTED] (dated 5/3/13)
- Employee medical records from [REDACTED] (dated 5/7/13)
- Acupuncture Medical Treatment Guidelines
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 308-310

1) Regarding the request for 12 Sessions of Acupuncture for the back and neck:

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional 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 a work-related low back injury on 4/30/13. Medical records provided and reviewed indicate treatment has consisted of oral analgesics, MRI of the cervical and lumbar spine, physical therapy, and acupuncture treatments.

Acupuncture Guidelines recommend six sessions for chronic conditions with continuation based on evidence of functional improvement. The medical record of 5/14/13 indicates the employee has had acupuncture treatments, but there is no documentation of the number of sessions or if functional improvement occurred; the specific acupuncture medical records were not provided for review. The twelve sessions of acupuncture for the back and neck **are not medically necessary and appropriate.**

2) Regarding the request for Electromyography and Nerve Conduction Studies (EMG/NCS) for bilateral lower extremities:

Medical Treatment Guideline(s) 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), 2nd Edition, (2004), pg. 308-310, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 178, 303, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related low back injury on 4/30/13. Medical records provided and reviewed indicate treatment has consisted of oral analgesics, MRI of the cervical and lumbar spine, physical therapy, and acupuncture treatments.

ACOEM Guidelines indicate EMG/NCS as useful in diagnosing neurologic dysfunction in patients with low back symptoms. The medical record of 6/11/13 does not identify any neurological deficits in strength or sensation, and reflexes were normal. The Electromyography and Nerve Conduction Studies (EMG/NCS) for bilateral lower extremities **is not medically necessary and appropriate.**

3) Regarding the request for MRI of the Thoracic Spine:

Medical Treatment Guideline(s) 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), 2nd Edition, (2004), pg. 308-310, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional 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 a work-related low back injury on 4/30/13. Medical records provided and reviewed indicate treatment has consisted of oral analgesics, MRI of the cervical and lumbar spine, physical therapy, and acupuncture treatments.

ACOEM Guidelines indicate obtaining an MRI of the thoracic spine due to thoracic spine trauma and clinical indications of neurological deficits. The medicals records reviewed contained no documentation meeting the criteria for thoracic spine MRI. The MRI of the Thoracic 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;

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.



