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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 acupuncture sessions for cervical spine, lumbar spine, left shoulder, and right shoulder **is medically necessary and appropriate.**
  
- 2) MAXIMUS Federal Services, Inc. has determined the request for 12 chiropractic sessions for cervical spine, lumbar spine, left shoulder, and right shoulder **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/2/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/2/2013. 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 12 acupuncture sessions for cervical spine, lumbar spine, left shoulder, and right shoulder **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 12 chiropractic sessions for cervical spine, lumbar spine, left shoulder, and right shoulder **is 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 Chiropractic Doctor and 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 28, 2013.

“This is a patient with a date of birth [REDACTED] and date of injury 08/05/2011 with a history of injury to the left shoulder and arm, left knee, cheek bones, left hip and left side of the face. This patient currently is seen by this provider on 06/11/13 and requested acupuncture and chiropractic treatments.”

### 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 Documentation by [REDACTED] (dated 6/28/13 to 7/1/13)
- Medical Records by [REDACTED] M.D. (dated 3/14/13 to 4/30/13)
- Medical Records by [REDACTED] (dated 8/17/11 to 5/25/12)
- Medical Records by [REDACTED] (dated 3/14/13 to 4/16/13)
- Lab Reports by [REDACTED] (dated 3/18/13)
- Physical Therapy Progress Report by [REDACTED] (dated 2/22/13)

- Medical Records by [REDACTED] (dated 10/26/11 to 1/16/12)
- Medical Records by [REDACTED] (dated 8/15/11 to 8/24/11)
- MRI Report by [REDACTED] (dated 5/15/12)
- Office Visit Note by [REDACTED] (dated 4/13/12)
- Miscellaneous Medical Records
- Acupuncture Medical Treatment Guidelines (2009)

**1) Regarding the request for 12 acupuncture sessions for cervical spine, lumbar spine, left shoulder, and right shoulder:**

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), which is part of the California Medical Treatment Utilization Schedule (MTUS). 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 was injured on 8/5/2011 and experienced injuries to the left shoulder, arm, knee, hip, cheek bones, and left side of the face. An orthopedic evaluation dated 3/4/2013 indicates the patient has complaints of pain in the neck, bilateral shoulders, left hip, lumbar spine, and bilateral lower extremities. A request was submitted for 12 acupuncture sessions for the cervical spine, lumbar spine, left shoulder, and right shoulder.

The medical records received and reviewed do not indicate the patient has tried acupuncture previously. The guideline recommends a trial of 3 to 6 sessions. There are four body regions requested for treatment. The request for 12 acupuncture sessions for the cervical spine, lumbar spine, left shoulder, and right shoulder is medically necessary and appropriate.

**2) Regarding the request for 12 chiropractic sessions for cervical spine, lumbar spine, left shoulder, and right shoulder:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Low Back Chapter, pages 298-301, which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009) – Manipulation section, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/5/2011 and experienced injuries to the left shoulder, arm, knee, hip, cheek bones, and left side of the face. An orthopedic

evaluation dated 3/4/2013 indicates the patient has complaints of pain in the neck, bilateral shoulders, left hip, lumbar spine, and bilateral lower extremities. A request was submitted for 12 chiropractic sessions for the cervical spine, lumbar spine, left shoulder, and right shoulder.

The medical records received and reviewed do not indicate the patient has tried chiropractic sessions previously. The guideline recommends a trial of 6 sessions, and with evidence of objective functional improvement, a total of up to 18 sessions. There are four body regions requested for treatment. The request for 12 chiropractic sessions for the cervical spine, lumbar spine, left shoulder, and right shoulder is 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, 18<sup>th</sup> 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.



