

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**Notice of Independent Medical Review Determination.**

[REDACTED]

[REDACTED]  
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[REDACTED]

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[REDACTED]  
[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the acupuncture x 9 requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/22/13 disputing the Utilization Review Denial dated 3/14/13. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/13. 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 acupuncture x 9 requested **is not medically necessary and appropriate.**

### Medical Qualifications of the Professional Reviewer:

The independent Acupuncturist who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Acupuncture 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 March 14, 2013

**CLINICAL SUMMARY:** The 53 year old patient reported an industrial injury to his neck and upper back on 2/6/2013, five (5) weeks ago, attributed to the performance of his job tasks.

The clinical narrative dated 3/6/2013 by Dr. [REDACTED] reported that the patient was evaluated in follow-up for his industrial injury that included face, neck, and upper back pain. The patient reported that the injury had "improved", but in other ways had worsened. The patient reported neck pain with numbness in the right upper extremity. The patient was reported to [REDACTED] and that the chiropractor had ordered an MRI of the cervical spine to evaluate for radicular symptoms. The patient was taking ibuprofen; ultrasound; methocarbamol; and Norco. The objective findings on examination included "left shoulder: no tenderness reported on the upper trapezius; no atrophy; range of motion left shoulder limited in abduction at 75° an extension 30°; no tenderness to palpation; cervical spine: no spine is processed tenderness reported on the cervical spine; paraspinal muscle tenderness with tight muscle bands palpated; decreased range of motion documented; Spurling's maneuver is negative for radicular pain; thoracic spine: tenderness to palpation to the paraspinal musculature; lumbar spine: full flexion, extension, rotation and lateral bending noted; nontender spinal processes; no tenderness to palpation; SLR negative; no weakness to the EHL; reflexes were normal". The diagnoses included black eye; contusion of face, scalp and contusion of upper arm; cervical strain/sprain; shoulder strain/sprain; thoracic strain/sprain; lumbar strain/sprain. The treatment plan included refills of ibuprofen; old tram; methocarbamol; and Norco. The treatment plan included a trial course of nine acupuncture treatments directed to the face neck and upper back along with a MRI of the cervical spine. The patient was continued with modified work.

The faxed request for authorization from [REDACTED] was dated 3/6/2013 and requested nine sessions of initial acupuncture treatment and a MRI of the cervical spine.

### **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 (dated 3/19/13)
- Utilization Review by [REDACTED] (dated 3/14/13)
- MRI Cervical Spine by [REDACTED] (dated 4/25/13)
- Medical Records from [REDACTED] (dated 2/7/13-4/11/13)
- Medical Records from [REDACTED] (dated 2/6/13)
- Progress Report from [REDACTED] (dated 3/4/13)
- Letter from [REDACTED] (dated 5/1/13)

### **1) Regarding the Request for acupuncture x9:**

#### 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), 2<sup>nd</sup> Edition, 2004, Chapter 9, Shoulder Complaints, pg. 204; Updated Back Chapter, Acupuncture Medical Treatment Guidelines (2009); and Section 9792.20(f) of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the referenced section of the MTUS used by the Claims Administrator was relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee's clinical condition at the time of the Utilization Review denial by the Claims Administrator was described as strains/sprains of the shoulder, and cervical, thoracic and lumbar areas. A cervical MRI dated 4/25/13 (after the date of the Utilization Review denial) demonstrated cervical spine discs bulging at multiple levels (greatest at C6-C7). The employee had also developed radicular symptoms.

The employee has remained symptomatic despite chiropractic care, oral medication and work modifications. The MTUS Acupuncture Medical Treatment Guidelines (2009), specify acupuncture is an option when pain medication is not reduced or not tolerated and may be used in addition to physical rehabilitation. The Professional Reviewer found the nine requested acupuncture treatments requested are in excess of the recommended 3-6 treatments considered adequate to produce functional improvement. Therefore, requested acupuncture x 9 treatments is considered **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, 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.