MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[redacted]

[redacted]

Employee: [redacted]	[redacted]
Date of UR Decision:	8/1/2013
Date of Injury:	1/13/2012
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010726

1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture therapy, qty: 6 visits is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the cervical spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 request for **acupuncture therapy, qty: 6 visits is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the cervical spine is not 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 physician reviewer is Board Certified in Chiropractic and 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 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.

Expert Reviewer Case Summary:
Claimant is a 44 year old male who was involved in a work related injury on 1/13/2012. He has pain and restricted range of motion of the neck with reduced deep tendon reflexes (DTRs) in upper extremities. He has headaches and symptoms in the bilateral upper extremities. Prior treatments include 12 visits of chiropractic, 3 visits of physical therapy, 8 visits of acupuncture, oral pain medications, and psychotherapy. His physician states that prior acupuncture allowed patient to cut back on medications and reduce pain on a visit note on 8/5/2013. On a visit note on 7/24/2014, the physician also states that acupuncture reduced the frequency and intensity of the claimant's migraine headaches while he was having acupuncture. There is no further quantification of the amount of pain reduction, medication reduction, or reduction of frequency and intensity of the headaches. A cervical MRI of an unknown date was previously done and unremarkable. His primary diagnoses are chronic neck pain and chronic headaches post concussion.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Acupunture therapy times 6 visits:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS and the updated American College of Occupational and Environmental Medicine Guidelines, (ACOEM), 2008, back and chronic pain chapters, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

Rationale for the Decision:
According to evidence based guidelines, acupuncture visits after an initial trial is medically necessary with objective functional improvement. The employee has had 8 prior visits of acupuncture which qualifies as an initial trial. Although there is subjective improvement, there is no quantification of the improvement. More documentation which quantifies the functional improvement would necessitate a trial. Functional improvement consists of a clinically significant improvement in activities of daily living or a reduction in work restrictions. **The request for Acupuncture therapy times 6 visits is not medically necessary and appropriate.**

2) **Regarding the request for MRI of the cervical spine:**

Section of the Medical Treatment Utilization Schedule 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), Chapter 8, Special Studies and Diagnostic and Treatment Considerations, which is part of MTUS, and the Official Disability Guidelines, (ODG), Acute & Chronic Neck and Upper Back Injury Chapter, Procedure Summary, MRI Scan's, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Special Studies and Diagnostic and Treatment Considerations, page 177-179, which is part of MTUS and the Official Disability Guidelines (ODG), Acute and Chronic Neck and Upper Back Injury, which is not part of MTUS.

Rationale for the Decision:
According to evidence based guidelines, a cervical MRI is not medically necessary. There is no documentation submitted for review that indicates an emergence of a red flag condition or a planned invasive procedure that should require the clarification of anatomy. The employee has had an unremarkable cervical MRI in the recent past and there is no documentation of the date of the MRI. However, the employee's work injury is less than two years ago so the last cervical MRI should be within the last two years. There is no worsening progressive neurologic insult that would warrant for a repeat study. **The request for MRI of the cervical 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,

Paul Manchester, MD, MPH
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.