

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 11/9/2010
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010826

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 24 year old female who sustained a work related injury on 11/9/10. The diagnoses are lumbago and lumbosacral pain with disc involvement . The claimant currently has mild low back pain. She is able to work, exercise, and very functional. She is not taking any medications. The claimant has had 76 acupuncture treatments, TENS, back classes, and medications. Acupuncture has been documented to help the patient decrease her pain levels from 10/10 to 3/10 and also improve her posture, motion, and ability to work. On 8/1/2013, the treating acupuncturist acknowledged that the number of acupuncture treatments provided to date exceeds acupuncture guidelines. On 7/26/2013, the acupuncturist reports that the patient does not need immediate acupuncture and is stable. The current request is for the claimant to have treatments for "use anytime" for a chronic condition. There is documentation that the new posture class has provided the patient home exercises that allow the patient to manage her pain. On 6/6/2013, her PTP documents that acupuncture should be used for flare-ups and that they would use a different acupuncture provider because the acupuncture provider was also the claimant's direct employer. The claimant has seen her employer 4 more times after that statement for acupuncture treatment.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 8 Acupuncture treatments is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

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

The Physician Reviewer's decision rationale:

The evidence based guidelines for acupuncture support a general limit of 24 sessions of acupuncture. This employee has had over 3 times the general recommendation. Although there are functional improvements with acupuncture for this employee, the number of visits previously rendered and approved are well in excess of recommended amounts. There appears to be a conflict of interest between the treating acupuncturist and the employee since they are direct employer and employee respectively. In the most recent documentation, the employee has minimal pain and is fully functional. The acupuncturist also states that she does not see an immediate need for acupuncture. The request is for acupuncture visits in case of flare up. It is noted that the employee needs 1-2 visits to calm down a flare-up. The request for 8 visits is in excess of 1-2 visits for flare-up. Therefore 8 visits is not medically necessary. If the claimant should need acupuncture for a flare-up, there needs to be a documented flare-up. The MTUS guidelines do not recommend having a reservoir of treatments available in case of flare-up. Also the employee is stable, in minimal pain and doing a home exercise program. The claimant does not appear to need further acupuncture at this point. **The request for 8 acupuncture treatments is not medically necessary and appropriate.**

/reg

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.



CM13-0010826