

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/25/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/10/2013
Date of Injury:	5/20/2005
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011789

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six acupuncture sessions for the neck and back is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **six acupuncture sessions for the neck and back** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert 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 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:

This is a 54 year old male patient who injured the neck and back in a work-related accident on May 20, 2005. The diagnoses included status-post cervical fusion, left shoulder arthroscopy and left elbow arthroscopy, multilevel degenerative disc disease of the cervical and lumbar spine, amongst others. In spite of previous treatments, which included epidural injections, chiropractic care (20+ visits), physical therapy (20+visits), and acupuncture (23+ sessions), the patient continued to be significantly symptomatic. An evaluation from the primary treating physician dated June 8, 2013 reported continued pain complaints, radiating down the left upper and lower extremities with dermatomal sensory deficits. As such, six additional acupuncture treatments were recommended. This request was denied by the UR reviewer on August 10, 2013 stating that no functional improvements were documented with previous acupuncture.

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 six acupuncture sessions for the neck and back:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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

Rationale for the Decision:

Medical records submitted and reviewed dated 07-24-12 documented the employee “is not responding to conservative treatment anymore.” On 04-18-13 the report despite the extensive acupuncture care that the employee previously underwent, was silent regarding additional acupuncture care. The employee continues taking narcotics and significantly symptomatic, in spite of of all the previous treatments instituted, including extensive acupuncture. Additional acupuncture care could be supported by the guidelines for medical necessity “if functional improvement is documented as *either* a clinically significant improvement in activities of daily living *or* a reduction in work restrictions *and* a reduction in the dependency on continued medical treatment.” Based on the records reviewed, without evidence of significant, objective functional improvement (quantifiable response to treatment) documented, the additional acupuncture requested is not supported as medically necessary. **The request for six acupuncture sessions for the neck and back 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

/dso

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.