
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

IMR Case Number:	CM13-0013651	Date of Injury:	6/20/2012
Claims Number:	[REDACTED]	UR Denial Date:	8/5/2013
Priority:	Standard	Application Received:	8/19/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	Acupuncture cervical spine		

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 Physical Medicine and Rehabilitation 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:

A 23-year-old female injured 06/20/2012. Most recent assessment for review was from 04/30/2013 indicating continued complaints of pain about the elbows for which she is using wrist splints as well as medications including anti-inflammatory agents. Physical examination findings showed tenderness at the extensor tendon origins and lateral epicondyle in insertion of the triceps to the right. Diagnostic radiographs of the elbow showed the right elbow to with no obvious abnormality. Electrodiagnostic studies of the right upper extremity were negative. The claimant diagnosis was that of lateral epicondylitis and myofascial pain to the right upper trapezius. Plan at that time was for continuation of ibuprofen, extra strength Tylenol, formal physical therapy and an MRI scan of the right elbow for further diagnostic purposes. An acupuncture prescription from treating physician [REDACTED] was dated 06/26/2013. A previous clinical record of 01/22/2013 states that the claimant had had acupuncture treatment in the past but did not have "significant improvement." Total number of acupuncture sessions performed at that time was not noted.

IMR DECISION(S) AND RATIONALE(S)

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

1. Acupuncture 2 times a week for 4 weeks for the cervical spine is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines (2009), which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Chronic Pain Medical Treatment Guidelines regarding acupuncture, the request in this case cannot be supported. Guidelines recommend the role of acupuncture 1 to 3 times per week for an optimal duration of 1 to 2 months. It is noted that the employee had previously undergone acupuncture treatment as early as 01/2013 with documentation of no described significant benefit. The continued role of this modality that did not show optimal improvement with initial course of care could not be supported. Furthermore, the employee's recent examination did not support increase or significant change in symptoms to the cervical spine that would indicate the need for further acupuncture therapy. As noted, this therapy was not beneficial in the past. The continued role of this modality for 8 additional sessions cannot be supported. **The request for acupuncture 2 times a week for 4 weeks for the cervical spine is not medically necessary and appropriate.**

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.



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