

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 1/21/2014

IMR Case Number:	CM13-0015592	Date of Injury:	03/16/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/23/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
8/2/13 ADDITIONAL LUMBAR ACUPUNCTURE 3 TIMES A WEEK FOR 6 WEEKS			

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 Family Practice, and is licensed to practice in Texas. 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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:

The patient is a 42-year-old female who reported an injury on 03/16/2012. She was treated for ongoing low back pain and tingling, which radiates down both lower extremities, with the right greater than the left. An MRI of the lumbar spine, performed on 06/08/2012, revealed that the patient has decreased signal intensity on the T2-weighted images, consistent with degeneration at the L4-5 and L5-S1 levels. There was broad-based annular disc bulging present at L5-S1, which measures 3 to 4 mm in anterior posterior dimension. Increased signal intensity was seen with the disc annulus, consistent with an annular tear; and there was some mild facet hypertrophic change as well as mild facet arthropathy seen bilaterally. For the L5 level, it was noted that there was broad-based generalized annular disc bulging present, measuring 3 to 4 mm in anterior posterior dimension, with increased signal intensity seen within the disc annulus, consistent with an annular tear. There was no evidence of central, foraminal or subarticular recess stenosis. Treatment-wise, the patient has already had 7 prior acupuncture sessions and is now requesting additional lumbar acupuncture 3 times a week for 6 weeks.

IMR DECISION(S) AND RATIONALE(S)

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

1. Additional lumbar acupuncture 3 times a week for 6 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines.

The Physician Reviewer's decision rationale:

Regarding the request for additional lumbar acupuncture 3 times a week for 6 weeks, under the Division of Workers' Compensation Chapter for the California MTUS Guidelines, it states that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. According to the case information, the patient has had 7 prior acupuncture sessions; however, it is unclear as to what objective functional outcomes were achieved from the treatment. Without documentation providing specific functional goals to be achieved with the use of acupuncture as well as the previous objective findings to verify the efficacy of the previous acupuncture treatments, the medical necessity cannot be determined at this time. As such, the request is not medically reasonable or certified.

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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