

## Independent Medical Review Final Determination Letter

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Dated: 12/23/2013

<b>IMR Case Number:</b>	CM13-0018090	<b>Date of Injury:</b>	06/17/2004
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
6 acupuncture sessions			

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]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Doctor of Chiropractic and Acupuncturist, 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 38 year old female who was involved in a work related injury on 6/17/2004. Her diagnoses are postlaminectomy syndrome. She has had epidural injections in the past. She also has a surgical history of L4-5 laminectomy and microdiscectomy and lumbar fusion surgery at L4-5. She continues to have ongoing chronic lower back pain with radiation into both lower extremities. She also has pain in her bilateral scapular regions and trapezii. She underwent spinal cord stimulator implantation in 2009 and had improvement from her symptoms. She has difficulty with prolonged sitting and standing. She has had extensive acupuncture treatment of at least 36 prior acupuncture sessions. In the past, acupuncture has helped reduce her pain, improve her range of motion, reduce her medication usage, improve her sleep, and improve sitting and standing tolerance. With her most recent course of six treatments, she had decrease in pain and lower back and decrease of intensity of spasms. The patient wants to continue acupuncture as an adjunct to her medications, SCS usage, and independent HEP. The provider states that acupuncture has helped her with her sitting tolerance, but does not document how much it has helped. The provider submitted the same appeal on 9/4/2013 and on 5/2/2013. The provider states that specific functional goals including increasing the range of motion of the lumbar spine and improving her problems with prolonged sitting and standing. There is no documentation of any improvement in range of motion, objective sitting or standing tolerance, or of reduction of medications in the last six visits.

### IMR DECISION(S) AND RATIONALE(S)

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

## **1. Six acupuncture sessions is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale:

According to evidence based guidelines, further acupuncture after an initial trial is warranted based on clinically significant functional improvement. This claimant has had extensive acupuncture treatment in excess of 36 treatments in the past two years. Acupuncture treatment initially showed improvements in range of motion, reduction of medication usage, and sitting and standing tolerance. However, there has been no clinically significant improvement in the last six visits. The appeal by the provider was the same in May and September 2013 when further certification was denied. In May, six visits were granted based on the provider's appeal that specific functional goals were to increase the range of motion of the lumbar spine and improve her problems with prolonged sitting and standing. After the last six visits, the patient only noticed that pain and spasms were decreased when she had acupuncture. Although the provider notes that acupuncture is helping with her sitting tolerance, there has been no documentation since the first exam what the sitting tolerance is. If there is truly a sitting tolerance improvement, it should be documented so that a determination can be made whether it is clinically significant. It appears that acupuncture care has become maintenance care for this patient and is no longer yielding appreciable functional gains. Therefore six further acupuncture visits are not warranted for this claimant. **The request for six acupuncture sessions 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.

[REDACTED]

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