

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	7/27/2005
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0018332

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture sessions 1 time a week for 6 weeks for the lumbar spine is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **acupuncture sessions 1 time a week for 6 weeks for the lumbar spine is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic & 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:

Claimant is a 54 year old female who sustained a work injury on 7/27/2005. On 6/12/2013, the patient underwent a radiofrequency ablation of the L3-4 facet joints which benefited that level and its innervations. However she is still having severe bilateral low back pain at other levels and sciatic pain down her left extremity. Her pain is 5-6/10. She is not deemed to be a surgical candidate. She uses her TENS regularly, lidoderm patches sparingly, and MS contin. Her range of motion is limited. She has had spinal fusion. She has decreased reflex at S1 on the left. There is pain to palpation and mild to moderate hypertonic musculature in her low back. Her primary diagnoses are lumbosacral spondylosis without myelopathy. An AME supplemental report dated 7/11/2013 also recommended acupuncture at 6 times a year. There is no prior documented acupuncture therapy for this patient.

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:

- [REDACTED]

1) Regarding the request for acupuncture sessions 1 time a week for 6 weeks for the lumbar spine:

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

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

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

Rationale for the Decision:

According to the Acupuncture Medical Treatment Guidelines, a trial of acupuncture is appropriate for chronic pain. The medical records provided for review are unclear whether this is an initial request or a subsequent request however; there is no prior documented acupuncture treatment for this employee since the inception of her injury. However, there definitely does not seem to have been any acupuncture provided since the employee's most recent radiofrequency ablation in June of 2012. The employee is not viewed as a surgical candidate and is having on-going pain in areas unresolved by the ablation. A trial of acupuncture is warranted at this point for the employee's chronic pain that was unresolved from the ablation. **The request for acupuncture sessions 1 time a week for 6 weeks for the lumbar spine is 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

/jr

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.