

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	10/13/2010
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018422

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture 2 times a week for 5 weeks to the lumbar spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/21/2013. 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 2 times a week for 5 weeks to the lumbar spine is not 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 Acupuncture and Chiropractic, 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:**

The employee is a 47-year-old who was involved in a work related injury on 10/15/2010. His primary diagnosis is lumbosacral radiculopathy. The patient also has concurrent left ankle/foot sprain/strain. An MRI exam shows a 3mm right eccentric anular prominence impressing on the thecal sac and an EMG shows chronic L5 nerve root irritation. The employee has low back pain and stiffness in the morning. The patient's lumbar spine is tender upon palpation and he has decreased range of motion in the lumbar spine. The patient has returned to work as of 9/15/2013. The patient does not appear to have any prior acupuncture therapy.

### **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 acupuncture 2 times a week for 5 weeks to the lumbar spine is not medically necessary and appropriate:**

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 CA MUTS Guidelines, (C), and MTUS Definitions, (f), "Functional improvement", which are part of MTUS.

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

Rationale for the Decision:

The medical records provided were reviewed alongside the appropriate guidelines. According to the Acupuncture Medical Treatment Guidelines, the time to produce functional improvement is 3 to 6 treatments. After an initial trial, additional visits are medically necessary based on documented functional improvement. There appears to have been no prior trial of acupuncture for the employee so an initial trial is warranted. However the number of visits requested exceeds the number of visits from an initial trial. Therefore 2x5 sessions of acupuncture are not medically necessary. **The request for acupuncture 2 times a week for 5 weeks to the lumbar spine 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dat

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.