
Notice of Independent Medical Review Determination

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	10/24/2012
IMR Application Received:	7/8/2013
MAXIMUS Case Number:	CM13-0001019

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 acupuncture sessions **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 6 acupuncture sessions **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Chiropractic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Chiropractor 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

BRIEF CLINICAL SUMMARY:

Mr. [REDACTED] is a 38-year old male machinist sustained an accepted industrial injury on 10/25/12 relative to cumulative trauma. The accepted body part is reported as sciatica and lumbar strain.

The patient has been under chiropractic treatment with [REDACTED] D.C. since 10/25/12 for a diagnosis of lumbosacral IVD displacement without myelopathy, lumbosacral radiculopathy, cervical sprain/strain, brachial neuritis/radiculitis, bilateral shoulder sprain/strain, and bilateral plantar fasciitis. Conservative treatment has included chiropractic and physical therapy with no documentation of progressive subjective or objective measurable improvement with treatment to date.

The 4/11/13 lumbar spine and right lower extremity EMG/NCV impression documented no evidence of a lumbar radiculopathy or plexopathy affecting the L3 through S1 motor nerve fibers and no evidence of a peripheral neuropathy or mononeuropathy affecting the right lower extremity. The 5/28/13 lumbar spine MRI documented 1-2 mm disc bulges at L4/5 and L5/S1 without evidence of canal stenosis or neural foraminal narrowing.

A 6/19/13 acupuncture referral signed by Dr. [REDACTED] is under review. Care is recommended 2x3 to the lumbosacral spine with a diagnosis of lumbar IVD displacement without myelopathy and neuritis/radiculitis. The patient is noted as deconditioned.

The last progress report in file from Dr. [REDACTED] is dated 3/28/13. An RFI was faxed to the provider on 6/28/13 requesting a current progress report.

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 for Independent Medical Review

- Utilization Review Determination by [REDACTED] (dated 7/5/13)
- Medical Records by [REDACTED], D.C. (dated 10/25/12 to 6/20/13)
- MRI Reports by [REDACTED] (dated 5/28/13)
- Ultrasound Report by [REDACTED] (dated 5/10/13)
- Medical Records by [REDACTED] (dated 2/15/13 to 3/15/13)
- Diagnostic Reports by [REDACTED], M.D. (dated 1/17/13 and 4/25/13)
- Consult Report by [REDACTED] (dated 1/14/13)
- Medical Records by [REDACTED] (dated 4/8/13)
- Neurological Report by [REDACTED], M.D. (dated 4/11/13)
- Medical Records by [REDACTED] (dated 7/10/12 to 12/19/12)
- Miscellaneous Medical Records
- Acupuncture Medical Treatment Guidelines (2009)

1) Regarding the request for 6 acupuncture sessions:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 10/25/2012 and injuries noted in the medical records were sciatica and lumbar strain. Treatment to date has included chiropractic visits and physical therapy, with no documentation of measurable improvement. A request was submitted for 6 acupuncture sessions. The guideline recommends a trial of acupuncture for patients with chronic pain, and indicates 3 to 6 sessions are appropriate. The request for 6 acupuncture sessions 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.



