
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 12/3/2010
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001465

- 1) MAXIMUS Federal Services, Inc. has determined the requested Referral for full Functional Restoration program **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Acupuncture for (9) sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Orthopedic Consultation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 requested Referral for full Functional Restoration program **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Acupuncture for (9) sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Orthopedic Consultation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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:

"Employee is a 55-year old female with a DOI of 12/3/2010. The thoracic spine is accepted. Diagnoses include: Thoracic intervertebral disc herniation, costovertebral pain, and cervical radiculopathy. Thoracic MRI on 7/22/12 revealed no significant disc herniation or spinal stenosis at any level. A request for 12 Acupuncture sessions was modified to 3 on 3/1/13 and then a request for 9 additional sessions was non-certified on 5/16/13, noting that there was no evidence of functional improvement with the treatments provided. A psychological evaluation was completed. Prior requests for an Orthopedic Consultation were non-certified on 3/14/13 and 4/11/13. Noted was that there had been an ortho spine consult as well as an ortho consult in reference to the shoulder, but these reports were not discussed or provided. The need for yet another consult was not shown. While there was a report that stated there were new symptoms into the legs, there was no exam of the lower extremities and no conservative care discussed, therefore, the need for a consult was not evident. A report from 6/27/13 noted that the pain and activity remain unchanged. Appears in mild pain. Cervical ROM was decreased with negative Spurlings; right thoracic area was tender with a trigger point and spinous process tenderness at T4-6; right shoulder ROM was decreased secondary to pain. Left hip ROM was decreased with pain. Diagnoses include Thoracic DDD, shoulder pain, bilateral, hip pain, left, pain in joint lower leg. Plan was referral to East Bay Functional Restoration program for full functional restoration program, appropriate for Functional Restoration and should be allowed to participate in such program per ACOEM Guidelines. Individual sessions needed due to depressive/anxiety

mood associated with poor functioning. She was seen once for consultation, report not available."

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 (dated 7/15/2013)
- Utilization Review from [REDACTED] (dated 7/5/2013)
- Chronic Pain Medical Treatment Guidelines (May, 2009) Part 1 Introduction pgs 30-32 & 49
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 into the MTUS from the ACOEM Practice Guidelines- Acupuncture

NOTE: Medical Records were not received timely from the Claims Administrator.

1) Regarding the request for a Referral for full Functional Restoration program:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 30-32 & 49, which is part of the 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 sustained a work-related injury on December 3, 2010 to the shoulder, bilateral hip, and joint in the lower left leg. No medical records were provided for review; however, the Utilization Review Determination from [REDACTED] indicated treatments included diagnostic imaging, acupuncture sessions, psychological evaluation, orthopedic consultation, and physical therapy. The request is for a referral for full functional restoration program.

MTUS Chronic Pain Medical Treatment Guidelines do not support a full functional restoration program without a complete multidisciplinary evaluation that supports the employee to be a good candidate for entrance into the functional restoration program. There were no medical records provided outlining the employee's course of treatment since the date of injury. The request for a referral for full functional restoration program **is not medically necessary and appropriate.**

2) Regarding the request for Acupuncture for (9) 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, which is part of the 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 sustained a work-related injury on December 3, 2010 to the shoulder, bilateral hip, and joint in the lower left leg. No medical records were provided for review; however, the Utilization Review Determination from [REDACTED] indicated treatments included diagnostic imaging, acupuncture sessions, psychological evaluation, orthopedic consultation, and physical therapy. The request is for a referral for 9 sessions.

MTUS, Chronic Pain Medical Treatment Guidelines indicate that the frequency and duration of acupuncture is to be 3-6 treatments to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. There were no medical records provided documenting the effectiveness of previous acupuncture treatment. The request for acupuncture for 9 sessions **is not medically necessary and appropriate.**

3) Regarding the request for an orthopedic consultation:

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

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7 pg. 127, which is a Medical Treatment Guideline (MTG), which is not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pg. 89-92 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 3, 2010 to the shoulder, bilateral hip, and joint in the lower left leg. No medical records were provided for review; however, the Utilization Review Determination from [REDACTED] indicated treatments included diagnostic imaging, acupuncture sessions, psychological evaluation, orthopedic consultation, and physical therapy. The request is for an orthopedic consultation.

MTUS ACOEM guidelines indicate that a consultation is used to aid diagnosis,

prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. There were no medical records provided documenting the need for a consultation. The request for an orthopedic consultation **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;

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

/hs

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.