

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/7/2013
Date of Injury:	12/7/2012
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001488

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture for both wrists two (2) times a week for six (6) weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 20% is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 for both wrists two (2) times a week for six (6) weeks** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 20%** 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 Preventive Medicine and Occupational Medicine 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: [REDACTED]-IMR

CLINICAL SUMMARY: All 206 pages of medical, insurance, and administrative records provided were reviewed.

SUMMARY OF RECORDS: The applicant, Ms. [REDACTED] is a 64-year-old data entry clerk for the [REDACTED], who has filed a claim for right wrist, right hand, and right upper arm pain reportedly associated with cumulative trauma (CT) at work first claimed on December 7, 2012.

Thus far, she has been treated with the following: Analgesic medications; topical compounds; extensive periods of time off of work; and transfer of care to and from various providers in various specialties.

A prior utilization review report of July 7, 2013, partially certifies four sessions of acupuncture. The treating provider has appealed and requested full 12 sessions of acupuncture.

The most recent progress note of July 9, 2013 is handwritten, not entirely legible, notable for comments that the applicant reports persistent wrist and hand pain. The applicant has a pending agreed medical evaluation. She has occasional headaches. She is left-hand dominant. She is depressed and guarding on exam. She is kept off of work, on total temporary disability, and asked to employ Motrin for pain relief, consult an orthopedist, and continue previously scheduled acupuncture.

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 for both wrists two (2) times a week for six (6) weeks:

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 (2009), which is part of the MTUS.

Rationale for the Decision:

Acupuncture Medical Treatment Guidelines indicate the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Medical records submitted and reviewed indicate the employee did receive a partial certification of four sessions of acupuncture, which was reportedly described as representing a continuation of acupuncture. Pursuit of 12 sessions of acupuncture without clear evidence of functional improvement is not indicated. The employee's response to previously received acupuncture is unknown. The limited information on file suggests that the employee remains off of work, on total temporary disability, is consulting numerous providers in numerous specialties, including orthopedic hand surgeon, both of which argue against improved work status and/or diminished reliance on medical treatment. Therefore, the limited information on file does not establish the presence of functional improvement as defined in the guidelines. **The request for acupuncture for both wrists two (2) times a week for six (6) weeks is not medically necessary and appropriate.**

2) Regarding the request for Tramadol 20%:

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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 11-112, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 11-112, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate topical analgesics and topical compounds are largely experimental, with little data to support use. They are primarily endorsed in the treatment of neuropathic pain, in which anticonvulsants and/or antidepressants have been tried and/or failed. In this case, there is no clear evidence of failure of first line neuropathic medications, or analgesics. The employee was described on the most recent office visit as using oral Ibuprofen without any difficulty, impediment or impairment. Usage of the topical tramadol containing compound is not indicated in this context. **The request for Tramadol 20% 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, 18th Floor
Oakland, CA 94612

/ldh

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.