
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

10/10/2010

7/16/2013

CM13-0001683

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture of the lumbar spine once a week for 8 weeks Qty: 8 visits **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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 of the lumbar spine once a week for 8 weeks Qty: 8 visits **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“Based on review of the documentation provided, specifically, Dr. [REDACTED] 07-01-13 report, the patient presents complaining of worsening left knee pain since last visit, went to [REDACTED] and received oral medications, unable to stand for long periods due to ankle pain, increased back pain, but walking helps back, depression escalated neck pain and migraines. Physical examination revealed normal gait, positive crepitus left knee. There was no documentation of any previous acupuncture visits or the patient’s response to same. A call was placed to Dr. [REDACTED] office on 07/01/13 at 9:14 a.m. in an effort to obtain this information. A call back was not received. Furthermore, there were no significant objective/physical findings to support medical necessity for the requested eight acupuncture visits for the lumbar spine. The request for eight acupuncture visits is, therefore, DENIED.”

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 (received 7/16/13)
- Utilization Review Determination (dated 7/2/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for acupuncture of the lumbar spine once a week for 8 weeks Qty: 8 visits:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Low Back Chapter, a Medical Treatment Guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Acupuncture Guidelines, a Medical Treatment Guideline (MTG), not a part of the Medical Treatment Utilization Schedule (MTSU). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines which is part of MTUS and applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on October 10, 2010 resulting in left knee, ankle, neck, and back pain as well as migraines. Medical records provided for review indication treatment has included oral medications. The request is for acupuncture of the lumbar spine once a week for eight weeks.

The MTUS Acupuncture Guidelines state acupuncture “is used as an option when pain medication is reduced or not tolerated...as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.” Additionally, MTUS guidelines state that 3-6 sessions of acupuncture generally produce results. The medical records submitted for review lack documentation of objective findings of symptomatology, whether previous acupuncture has been tried, and the requested amount exceeds amounts recommended. The request for acupuncture of the lumbar spine once a week for eight weeks **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

/slm

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.