MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

REVISED Notice of Independent Medical Review Determination

Dated: **12/11/2013**

Employee:	
Claim Number:	
Date of UR Decision:	7/4/2013
Date of Injury:	5/21/2005
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002001

1) MAXIMUS Federal Services, Inc. has determined the request for TENS unit and supplies **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for 12 chiropractic manipulation/physiotherapy sessions **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for acupuncture sessions x12 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 TENS unit and supplies is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for 12 chiropractic manipulation/physiotherapy sessions is **not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request **for** acupuncture sessions x12 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 a licensed Chiropractor, has a subspecialty in Acupuncture 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.

CLINICAL SUMMARY:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 4, 2013

"The patient is a 41-year-old male with a date of injury of 5/21/2005. The provider has submitted prospective requests for a TENS unit and supplies, 12 chiropractic manipulation/physiotherapy sessions and 12 acupuncture sessions. Review of documentation dated 6/27/2013 by Dr. [redacted], M.D. noted that the patient reported continued constant lumbar spine pain rated 7-8/10 with radiation to bilateral hips, which was worse since he did not have chiropractic treatment for 1 month. He also reported increased movement in regards to the neck. Objectively, he presented unchanged with decreased lumbar flexion and unchanged physical examination. Review of documentation indicated MRI findings showed extruded disc material at L5-SI.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  XClaims Administrator
  ☐Employee/Employee Representative
  ☐Provider

1) **Regarding the request for** TENS unit and supplies **:**

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, Transcutaneous electrotherapy, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, pages 114-117, which is part of MTUS.

Rationale for the Decision:
The employee was injured on 5/21/05 and has experienced constant lumbar spine pain with radiation to bilateral hips. The medical records provided for review indicate that an MRI revealed extruded disc material at L5-S1. The record indicates that the enrollee rates his pain at 7-8/10. The request was submitted for a TENS unit and supplies.

The MTUS Chronic Pain guideline criteria for the use of a TENS unit is documentation of other appropriate pain modalities failures, documentation of a one-month trial period of a TENSs unit with uses of the unit, other concurrent therapies, and expected outcomes, as well as documentation of treatment plans indicating specific long and short term goals. The medical records reviewed do not document any of the previously listed criteria, and there the records indicate the employee has previously treated with a TENS unit but there are no documented results of specific gains. **The request for a TENS unit and supplies is not medically necessary or appropriate**

2) **Regarding the request for** 12 chiropractic manipulation/physiotherapy sessions **:**

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, Manual therapy & manipulations, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulations, pages 58-60, which is part of MTUS.

Rationale for the Decision:
The employee was injured on 5/21/05 and has experienced constant lumbar spine pain with radiation to bilateral hips. The medical records provided for

review indicate that an MRI revealed extruded disc material at L5-S1. The record indicates that the enrollee rates his pain at 7-8/10. The request was submitted for 12 chiropractic manipulation/physiotherapy sessions.

The MTUS Chronic Pain guidelines recommend chiropractic manipulation as a trial of six visits over two weeks with a total of 18 visits over 6-8 weeks. The medical records provided for review indicate that there was a trial of care in 2012 with many requests for additional visits for flare-ups in 2012. On a report dated 5/13/13, the treating physician documented functional improvement from chiropractic care and it appears that pain increased and function decreased after not receiving chiropractic care. However, there is documentation from 2/21/13 indicating the same functional state with no indication that it was due to chiropractic care. The requested number of sessions exceeds guideline criteria. **The request for 12 chiropractic manipulation/physiotherapy sessions is not medically necessary or appropriate.**

3) **Regarding the request for** acupuncture sessions x12 **:**

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 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 MTUS.

Rationale for the Decision:
The employee was injured on 5/21/05 and has experienced constant lumbar spine pain with radiation to bilateral hips. The medical records provided for review indicate that an MRI revealed extruded disc material at L5-S1. The record indicates that the enrollee rates his pain at 7-8/10. The request was submitted for 12 chiropractic manipulation/physiotherapy sessions.

According to evidence based guidelines, an initial trial of acupuncture consists of 3-6 visits over the course of 1-2 months. After an initial trial, further acupuncture visits can be medically necessary based on documented functional improvement. This employee is a candidate for an acupuncture trial, but 12 visits exceed the number of visits for a trial. Therefore 12 visits are not medically necessary. Review of the submitted medical records indicates that the employee has had a prior modified certification of 3 visits from the request of 12 visits. There is initial exam and initial visit summary note from an acupuncturist in the submitted documentation. Documented functional improvement from the next two certified visits can warrant further acupuncture. However, no further documentation is found in the file. Therefore, this has been reviewed as a request for an initial trial and non-certified**. The request for acupuncture session x12 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

/db

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.