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**Notice of Independent Medical Review Determination**

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	11/13/1997
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002019

- 1) **MAXIMUS Federal Services, Inc. has determined the request for acupuncture is 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 7/17/2013. 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 acupuncture is **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 expert reviewer is licensed in Chiropractic Care, 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 17, 2013:

“The documentation indicates that the claimant is a 65 year old that has chronic fatigue and total body pain. Physical examination shows tenderness and limited range of motion. Current requests include gym membership for aquatic therapy and acupuncture. With regard to acupuncture, Acupuncture medical treatment guidelines noted that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional Improvement is documented. In this case, the claimant is 15 years post injury. The provider recommends acupuncture care. However, history of medical treatment is not outlined. Furthermore, there is limited documentation of an event of exacerbation or any incidence of re-injury to support the need for continued care. Thus, medical necessity is not apparent. Non-certification is warranted.”

### **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 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/17/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for acupuncture:

### 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 is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer did not find the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical situation.

### Rationale for the Decision:

The employee sustained a work-related injury on November 13, 1997. Medical records provided for review indicate continuing issues of chronic fatigue and total body pain with tenderness and limited range of motion upon physical examination. Treatments are not outlined due to lack of medical records provided. The request is for acupuncture.

The MTUS Chronic Pain guidelines recommend acupuncture treatment to produce functional improvement with three to six treatments over one to three times per week. If there is documented evidence of functional improvement, then additional acupuncture treatment may be warranted. The medical records provided do not document any previous acupuncture. This request falls within the current guidelines of three-six treatments. The request for acupuncture 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, 18<sup>th</sup> 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.