
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

12/8/2011

7/22/2013

CM13-0002235

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 acupuncture sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one follow-up office visit with a pain medicine specialist **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 6 acupuncture sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one follow-up office visit with a pain medicine specialist **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 10, 2013:

"Clinical Rationale- The patient is a 45 year old male with a date of injury of 12/8/2011. The provider has submitted a prospective request for 1 prescription of Anaprox DS 550mg #60, 1 prescription of Prilosec 20mg #30, 6 acupuncture sessions, and 1 follow-up office visit with pain medicine. Per the progresS report by Dr. [REDACTED], dated 6/25/2013, the patient presented with neck, upper back, and lower back pain with pain into the upper and lower extremities bilaterally. The patient also complains of nausea and erectile problems. Relevant objective findings included decreased lumbar spine range of motion with tenderness to palpation. The left lower extremity muscle groups were intact and sensation. Also, if standard treatments are not successful or not indicated then a consultation is an option."

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 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/9/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for 6 acupuncture sessions:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Acupuncture Medical Treatment Guidelines, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 12/8/2011 and sustained a head injury. The employee continues to experience pain in the neck, upper back, low back, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, bilateral ankles, head, jaw, and left thigh. The employee also reported anxiety, depression, sleep, vision and hearing residuals as a result of this injury. The provider's assessment included left ankle sprain, bilateral knee sprain/strain, left ankle strain, bilateral wrist and hand strain, bilateral elbow strain, bilateral shoulder strain, thoracic strain, lumbar spine strain, and cervical spine strain. Treatment has included extracorporeal shockwave procedure(s) to the cervical spine, lumbar spine, and left shoulder. A report dated 3/18/2013 indicates the employee was not on any narcotics, barbiturates, antidepressants at that time. A progress report dated 6/25/2013 indicates 50 degrees of flexion to the lumbar spine, 25 degrees of extension, and 5/5 strength throughout. A request was submitted for 6 acupuncture sessions.

The MTUS Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. A progress report dated 6/25/2013 indicated that the employee had tenderness to palpation and diminished range of motion of the lumbar spine. The submitted records do not indicate that the employee is on any medications or currently undergoing physical rehab, and do not indicate any recent surgical intervention. The request for 6 acupuncture sessions **is not medically necessary and appropriate.**

2) Regarding the request for one follow-up office visit with a pain medicine specialist:

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 Disorder Medical Treatment Guidelines, State of Colorado Dept. of Labor and Employment 4/27/2007, pg. 56, which is a medical treatment guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that MTUS does not address the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, which is a medical treatment guideline (MTG) that is not part of the MTUS.

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 12/8/2011 and sustained a head injury. The employee continues to experience pain in the neck, upper back, low back, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, bilateral ankles, head, jaw, and left thigh. The employee also reported anxiety, depression, sleep, vision and hearing residuals as a result of this injury. The provider's assessment included left ankle sprain, bilateral knee sprain/strain, left ankle strain, bilateral wrist and hand strain, bilateral elbow strain, bilateral shoulder strain, thoracic strain, lumbar spine strain, and cervical spine strain. Treatment has included extracorporeal shockwave procedure(s) to the cervical spine, lumbar spine, and left shoulder. A report dated 3/18/2013 indicates the employee was not on any narcotics, barbiturates, antidepressants at that time. A progress report dated 6/25/2013 indicates 50 degrees of flexion to the lumbar spine, 25 degrees of extension, and 5/5 strength throughout. A request was submitted for one follow-up office visit with a pain medicine specialist.

The ODG indicates that evaluation and management outpatient visits play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The records submitted and reviewed fail to indicate that the employee has been prescribed any significant medications including narcotics. The provider indicated the employee tolerated the procedures well and symptoms were well controlled. The clinical note dated 6/25/2013 also fail to objectively identify the employee's level of pain. The request for one follow-up office visit with pain medicine **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

/sab

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.