

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	4/26/1999
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002399

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve sessions of acupuncture between 06/26/2013 and 08/10/2013 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 7/3/2013. 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 **twelve sessions of acupuncture between 06/26/2013 and 08/10/2013 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 Board Certified in Chiropractic and 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The claimant is a 55 year old male who was involved in a work related motor vehicle accident on 4/26/1999. His primary diagnoses are cervicgia, cervical spine sprain strain, and brachial neuritis. He has chronic neck pain radiating down to the left extremity and hand. He also has weakness in his hand. Besides acupuncture and chiropractic treatment, he has had physical therapy, medications, and injections. His latest report as of 6/15/2013 states, that the claimant has increased left hand/finger tingling and neck pain starting two weeks prior. His cervical spine range of motion is decreased with positive brachial plexus compression on left. He also has tenderness over the left posterior and mid scalene. He has had concurrent chiropractic and acupuncture therapy starting from 9/2012 to 6/15/2013. From the notes provided, there is no documented functional improvement regarding the chiropractic/acupuncture therapy. On 12/7/2013 the PTP states that there has been no major improvement with the therapies. On both the visit notes from 3/22/2013 and 4/1/2013, the claimant is reported to be doing slightly worse. On 3/22/2013, the PTP states that chiropractic, acupuncture, massage therapy, and physical therapy has helped the patient.

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 the Claims Administrator and the Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for twelve sessions of acupuncture between 06/26/2013 and 08/10/2013:**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, which is part of the MTUS.

Rationale for the Decision:

According to evidenced based guidelines, further acupuncture visits after an initial trial is considered medically necessary with documented functional improvement. A review of the medical records submitted in this case indicates the employee has already had an initial trial of acupuncture of 20 sessions. However, there has been no documented functional improvement resulting from these sessions. Furthermore, the employee appears to be doing worse with the last few documented sessions of acupuncture from 3/22/2013, 4/1/2013, and 6/15/2013. There is no evidence that further acupuncture will be beneficial. Additionally, there also seems to be inconsistency between the primary treating physicians assessment of the effectiveness of therapy in this case. **The request for twelve sessions of acupuncture between 06.26.2013 and 08/10/2013 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

/cm

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.