

MAXIMUS FEDERAL SERVICES, INC.

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



Notice of Amended Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 1/24/2000
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002713

MAXIMUS Federal Services, Inc. issued a Notice of Independent Medical Review Final Determination on 10/10/2013. This letter is to notify you that an internal audit found a clerical error on page one of that letter dated 10/10/2013. The determination has not changed. The error was in the employee's last name. That was in error and has been corrected to show as [REDACTED]. A corrected letter is enclosed. We apologize for the inconvenience.

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

Corrected: Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 1/24/2000
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002713

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional acupuncture two times a week for three weeks to the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an H-Wave unit rental for 30 days **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 additional acupuncture two times a week for three weeks to the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an H-Wave unit rental for 30 days **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 2, 2013:

The documentation submitted reflects that the claimant has ongoing symptoms in the lumbar spine. There are clinical deficits on examination including positive Fabere/Gaenlen's tests, tenderness to palpation in the paravertebral muscles with spasm, positive straight leg raise test, and decreased range of motion and antalgic gait. Current requests are additional acupuncture treatment for the lumbar spine, MRI of lumbar spine and H-wave unit rental.

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 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/02/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional acupuncture two times a week for three weeks to the lumbar spine:

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

Rationale for the Decision:

The employee was injured on 1/24/2000 and reports worsening low back pain now radiating to the bilateral lower extremities. The employee has been treated with six sessions acupuncture for bilateral wrist pain due to use of a walker. The employee's straight leg raise was positive bilaterally with limited range of motion, and the employee failed to respond to conservative measures. A request was submitted for additional acupuncture two times a week for three weeks to the lumbar spine.

The MTUS Acupuncture Medical Treatment Guidelines state that there should be some functional improvement within 3-6 sessions of acupuncture. The employee had benefits from prior acupuncture for the hands and wrists. The request for acupuncture two times per week for three weeks to treat the lower back is consistent with the guidelines. The request for additional acupuncture two times a week for three weeks to the lumbar spine **is medically necessary and appropriate.**

2) Regarding the request for an MRI of the lumbar spine:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, page 303, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines, Low Back Chapter, MRI section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/24/2000 and reports worsening low back pain now radiating to the bilateral lower extremities. The employee has been treated with six sessions acupuncture for bilateral wrist pain due to use of a walker. The employee's straight leg raise was positive bilaterally with limited range of motion,

and the employee failed to respond to conservative measures. A request was submitted for MRI of the lumbar spine.

The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The records submitted and reviewed do not document any previous MRI studies. The employee has clinical findings suggestive of right L4 radiculopathy despite treatment with physical therapy. The request for an MRI of the lumbar spine **is medically necessary and appropriate.**

3) Regarding the request for an H-Wave unit rental for 30 days:

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 Medical Treatment Guidelines (2009, H-Wave Stimulation section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/24/2000 and reports worsening low back pain now radiating to the bilateral lower extremities. The employee has been treated with six sessions acupuncture for bilateral wrist pain due to use of a walker. The employee's straight leg raise was positive bilaterally with limited range of motion, and the employee failed to respond to conservative measures. A request was submitted for H-Wave unit rental for 30 days.

The MTUS Chronic Pain Medical Treatment Guidelines for H-wave require documentation that the patient was unresponsive to TENS. The records submitted and reviewed do not document there was a trial or failure of TENS. Further, the records do not suggest the H-wave trial will be used as an adjunct to a program of evidence-based functional restoration. Given this lack of documentation, the request for an H-Wave unit rental for 30 days **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

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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.