MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/24/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/8/2013
Date of Injury:	7/20/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003237

1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture quantity 6.00 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for pain management consultation **is not medically necessary and appropriate.**

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 quantity 6.00 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for pain management consultation **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for internist consultation **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 8, 2013.

[redacted] is a 34 year old (DOB: [redacted]) female employed by [redacted] [redacted] that motor vehicle accident while driving parole car while at work on 07/20/2011, injured her left hand, right ankle. Her current Work Status is none found in reports reviewed. The left hand, right ankle has been accepted by the carrier.

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 07/25/2013)
- Utilization Review Determination from (dated 07/08/2013)
- Employee medical records from [redacted]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for acupuncture quantity 6.00:**

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, (pg. not cited), which is part of the MTUS. The Expert Reviewer found the the Acupuncture Medical Treatment Guidelines, pg. 8-9, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained a work-related injury on 7/20/11. The submitted medical records indicate the employee was seen for internal medicine initial consultation on 10/19/12 and the overall impression was insomnia and headache most likely due to pain and stress brought on by the employee's injuries and she was prescribed Ambien and Imitrex. The records indicate electrodiagnostic studies were performed on 10/24/2012 which revealed the lower extremities and related paraspinal muscles were normal without definite electrical evidence for entrapment neuropathy or radiculopathy. At that time, the employee complained of low back pain, right ankle pain, and swelling left hand pain and numbness and neck pain. A request has been submitted for acupuncture quantity 6.00.

The guidelines note that the time to produce functional improvement is 3 to 6 acupuncture treatments with a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. The guidelines note that acupuncture treatments may be extended if functional improvement is documented. Per the submitted medical records, four acupuncture visits were previously certified. However, the records do not document that the employee has attended four acupuncture visits or possible efficacy from these visits. The requested acupuncture quantity 6.00 **is not medically necessary and appropriate.**

2) **Regarding the request for pain management consultation:**

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter , pg. 127, not part of the MTUS. The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 287-289, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained a work-related injury on 7/20/11. The submitted medical records indicate the employee was seen for internal medicine initial consultation on 10/19/12 and the overall impression was insomnia and headache most likely due to pain and stress brought on by the employee's injuries and she was prescribed Ambien and Imitrex. The records indicate electrodiagnostic studies were performed on 10/24/2012 which revealed the lower extremities and related paraspinal muscles were normal without definite electrical evidence for

entrapment neuropathy or radiculopathy. At that time, the employee complained of low back pain, right ankle pain, and swelling left hand pain and numbness and neck pain. A request has been submitted for pain management consultation.

The guidelines note that in the absence of red flags, low back pain can be adequately addressed by the primary care provider or occupational care provider without consultations being provided. The most recent clinical note provided for this review was 01/15/2013. The records do not include a complete current physical exam and there was no clear rationale indicating why an additional consultation was being requested. The submitted medical records do not indicate red flags which would warrant an internist consultation. The requested pain management consultation **is not medically necessary and appropriate.**

3) Regarding the request for internist consultation:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter , pg. 127, not part of the MTUS. The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 287-289, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 7/20/11. The submitted medical records indicate the employee was seen for internal medicine initial consultation on 10/19/12 and the overall impression was insomnia and headache most likely due to pain and stress brought on by the employee's injuries and she was prescribed Ambien and Imitrex. The records indicate electrodiagnostic studies were performed on 10/24/2012 which revealed the lower extremities and related paraspinal muscles were normal without definite electrical evidence for entrapment neuropathy or radiculopathy. At that time, the employee complained of low back pain, right ankle pain, and swelling left hand pain and numbness and neck pain. A request has been submitted for internist consultation.

The guidelines note that in the absence of red flags, low back pain can be adequately addressed by the primary care provider or occupational care provider without consultations being provided. The most recent clinical note provided for this review was 01/15/2013. The records do not include a complete current physical exam and there was no clear rationale provided indicating why an additional consultation was being requested. The submitted medical records do not indicate red flags which would warrant an internist consultation. The requested internist consultation **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

/srb

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.