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**Notice of Independent Medical Review Determination**

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/5/2013  
Date of Injury: 4/23/2013  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004897

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 12 sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 12 sessions **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is a licensed Chiropractor and Acupuncturist 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 5, 2013:

The patient is a 61-year-old female who sustained a cumulative trauma injury on 4/23/2013. She is currently diagnosed with cervical radiculopathy, bilateral carpal tunnel syndrome, anxiety reaction, and gastropathy secondary to taking pain medications. A request was made for 12 sessions of acupuncture to the neck. The patient is noted to have previously received acupuncture sessions which were helpful (body part, dates of service and number of sessions not stated). On 5/23/13, she presented with complaints of neck pain. The physical examination showed tenderness over the cervical paravertebral muscles with decreased range of motion. However, the current guidelines note that time to produce functional improvement is at three to six acupuncture treatments, after which the patient is formally assessed prior to subsequent visits. There is no description for the need for 12 sessions. Furthermore, there was no documentation that this requested passive modality will be used as an adjunct to facilitate progress in a more active treatment program. Medical necessity is, therefore, not established.

### **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 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for acupuncture 12 sessions:**

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), page 8-9, part of the 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 sustained a cumulative trauma injury on 4/23/13. The submitted and reviewed medical records note diagnoses include: cervical spine radiculopathy, bilateral carpal tunnel syndrome, anxiety reaction and gastropathy secondary to pain medications. Prior treatment has included acupuncture and medication. A request has been submitted for acupuncture 12 sessions.

MTUS Acupuncture guidelines note that additional acupuncture visits be considered if there is documented functional improvement after an initial trial. The submitted medical records indicate an initial trial of acupuncture was authorized in 2008 – 2009; however, there is no documentation for the number of sessions undertaken or evidence of objective functional improvement derived from these sessions. The guidelines do not support the requested services in this case. The requested acupuncture 12 sessions **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, 18<sup>th</sup> 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.