

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	9/15/2005
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004980

- 1) MAXIMUS Federal Services, Inc. has determined the request for **queen size tempur-pedic adjustable mattress is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture two times 4 (lowback) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **queen size tempur-pedic adjustable mattress is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture two times 4 (lowback) 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.

Expert Reviewer Case Summary:

The patient is a 60-year-old male who reported an injury on 09/15/2005. The mechanism of injury was stated to be the patient tripped and fell in a parking lot injuring his knee and low back. The patient had a total knee replacement in 2010. The office note dated 05/22/2013 per [REDACTED] MD reveals the patient had acupuncture therapy in the year of 2012. The patient has complaints of low back pain. The patient was noted to have an MRI of the lumbar spine on the note dated 04/25/2013 per [REDACTED] PA-C which showed disc degeneration mildly at L4, L5, and S1. There was slight anterolisthesis of L4-5, mild spinal stenosis at L4-5, right-sided foraminal stenosis at L4-5, and right-sided foraminal stenosis at L4-5. There is a bulging disc in the foramen on the right side at L4-5. The patient has severe facet hypertrophy on the left side at L5-S1. The patient has facet arthritic changes on both sides, worse on the right side at L4-5, as well. The progress report dated 06/21/2013 per [REDACTED], NP revealed the patient had subjective complaints of low back pain and knee pain. The low back pain was noted to radiate into the posterior thighs. The patient stated the pain has been 8/10 coming down to 2/10 with the medications. It was stated the patient goes to the gym 3 to 4 days a week and he is struggling with work at the end of the work day. It was stated he has difficulty at night because his mattress is poor and the patient was noted to be stiff and sore in the morning and he would like a new mattress. It was further stated the patient would like to try acupuncture to see if it could help his low back pain. The letter of appeal dated 08/06/2013 per Dr. [REDACTED], revealed the patient had epidural injections and physical therapy and that the patient has continued pain. The physician further stated that the patient had no acupuncture previously and that the clinical judgement of treatment must be tailored to the patient per chronic pain guidelines

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for queen size tempur-pedic adjustable mattress:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG) Low Back Chapter, online version, Mattress Selection, which is not a part of MTUS.

Rationale for the Decision:

California MTUS/ACOEM Guidelines, Second Edition do not address mattress selection. Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. In a recent RCT, a water bed and a body contour foam mattress generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. After reviewing the clinical documentation submitted for review, it is noted that the employee is stiff and sore in the morning and the employee has difficulty at night because his mattress is poor and the employee would like a new mattress. The clinical documentation fails to provide exceptional circumstances to support the purchase of a body contour foam mattress. The request for a queen size Tempur-Pedic adjustable mattress **is not medically necessary and appropriate.**

2) Regarding the request for acupuncture two times 4 (lowback) :

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 a part of MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines recommend acupuncture for chronic pain and that acupuncture treatments may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or reduction in work restrictions. After a review of the documentation provided for review, the office note dated 05/22/2013, reveals the employee had acupuncture therapy in the year of 2012. The clinical documentation submitted for review fails to indicate the employee's functional response to the first acupuncture treatments. The request for acupuncture for the low back 2 times a week for 4 weeks **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

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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.