

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	2/8/2011
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005623

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 10 sessions acupuncture, 1 or more needle; without electrical stimulation, initial 15 minutes of personal one on one contact with the patient is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 **10 sessions Acupuncture, 1 or more needle; without electrical stimulation, initial 15 minutes of personal one on one contact with the patient 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:

Claimant is an 81 year old male who was involved in a work related injury from 1/1/05-2/18/2011. He developed persistent and chronic neck pain and headaches. He has restricted range of motion of the cervical spine. He has had a MRI and CT of the neck and head respectively. He has had prior treatment of chiropractic, acupuncture, and physical therapy which were not helpful. He also has had an injection in the right shoulder. He was recently prescribed Mobic. His diagnoses are chronic strain of the cervical spine and degenerative disc disease of the cervical spine.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 10 sessions acupuncture, 1 or more needle; without electrical stimulation, initial 15 minutes of personal one on one contact with the patient:

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 the MTUS guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. The medical records provided for review indicated that the employee has already had an unknown amount of acupuncture treatment in 2008. The medical records provided for review also state that the acupuncture did not help the employee. There is no indication to any circumstance changes that would allow a different result from acupuncture now. It is unclear whether the employee's prior acupuncture was authorized through this worker's compensation claim or whether the employee paid for the acupuncture out of pocket. If there was no prior acupuncture under the worker's compensation claim, an initial trial may be warranted. However, even if the employee was requesting a trial of acupuncture, 10 sessions exceeds the amount of sessions for an initial trial. **The request for 10 sessions of acupuncture, 1 or more needle; without electrical stimulation, initial 15 minutes of personal one on one contact with the patient 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

/jr

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.