

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: 11/11/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 1/1/2012
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006485

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture twice a week over three weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Home Continued EMS Unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 twice a week over three weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Home Continued EMS Unit **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.

Expert Reviewer Case Summary:

Date of injury from 1/1/12 with diagnosis of myofascial strain C-spine, epicondylitis, bilateral carpal tunnel syndrome. Current medication use include Norco 5/325 0-2/day (pain reduced from 8 to 4/10 with norco), Avarox 0-2/day, NORflex 1/day for spasms.

8/23/12 note indicates that the patient is only Naproxyn. Norco is not listed. On 9/25/12 no medications, felt the symptoms are progressively getting worse. Dr. [REDACTED]'s note from 12/21/12 has the patient at Anaprox 2/wk, Norco prn and Norflex prn.

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** acupuncture twice a week over three weeks

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 are part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines MTUS 9792.2, functional improvement definition which is part of MTUS.

Rationale for the Decision:

MTUS requires that the individual's dependence on medical treatments are diminished or that the patient has returned to work. Based on the medical records provided for review, it is unclear that either of these have happened. A short course of acupuncture treatments may be reasonable to address a flare-up but this individual already had 18 sessions this year, and no new injury or flare-up's are documented. Guidelines speak against treatments that are rendered without time limitation or goal orientation. It also states that subjective pain is not a good enough reason to continue treatments unless there has been a change in the diagnosis. Guidelines also discuss that for functional restoration, the employee must assume certain responsibilities such as adhering to an exercise program. **The request for acupuncture twice a week over three weeks is not medically necessary and appropriate.**

2) Regarding the request for Home Continued EMS Unit

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 Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation, pg. 121 which is part of the MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation, pg. 121, which is part of the MTUS.

Rationale for the Decision:

MTUS does not support the use of neuromuscular electrical stimulation units. Review of the reports show that while the employee is experiencing subjective pain improvement from this device and some changes in home activities of daily living, there have been no measurable improvement in terms of return to work or reduction in dependence on medical treatments. **The request for Home Continued EMS Unit 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

/sm

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.