

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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

MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	6/4/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006606

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 additional acupuncture sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **6 additional acupuncture sessions is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor / 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:

The patient sustained an injury on 6/4/2003. He suffered a significant lumbar spine injury and had surgical decompression and L5-S1 laminotomy and microdiscectomy at L5-S1 level. His diagnoses are lumbago, lumbar disc degeneration, and lumbosacral neuritis. He also has diabetes and bipolar disorder. He remains symptomatic with lower back pain and lower extremity complaints that are worse on the left. He experiences an exacerbation of symptoms when he stands and walks. He is utilizing pain medication but has recently discontinued narcotics. Despite past interventions, the patient has continued severe pain. Prior to 1/20/2013, he had 16 acupuncture sessions. He had another 4 sessions approved on 1/24/2013 and another set of 3 sessions approved in 6/2013. The provider states that the patient is able to stand and walk longer with acupuncture. However, he does not document the actual improvement in length of time for walk and stand tolerance. There is no objective change in any of the measures in the notes. Lumbar spine range of motion and medications remain the same. On an appeal on July 12, 2013, there is mention that the patient is able to reduce medication while on acupuncture; however there is no documentation of actual reduction dosages.

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 6 additional acupuncture sessions:

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 Acupuncture guidelines, acupuncture is recommended only with documented clinically significant functional improvement. Functional improvement can be improvement in activities of daily living or in reduced medication usage. The records submitted for review indicate that the employee has had at least 23 acupuncture sessions and there was no documentation of functional improvement from the prior sessions of acupuncture. The records indicate that the employee is able to stand and walk longer; however there is no documentation of the actual length of time that the employee is able to stand and walk. The clinical notes from the appeal suggest that there is a reduction in medication, however, the progress notes indicate that the use of medications remain the same. There is not enough sufficient evidence to support the need for the additional acupuncture sessions. **The request for 6 additional acupuncture 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.