

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 8/23/2011  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0006675

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 8/23/2011. This patient is a 49-year-old man who is a transit vehicle mechanic. He suffered a repetitive motion injury. The patient's diagnoses include cervical radiculitis and myofascitis. The patient is status post an anterior cervical decompression and fusion at C5 through C7 on July 26, 2012. Multiple prior physician reviewers have recommended noncertification of additional physical therapy, noting that the patient is over 1-year post surgery and received prior physical therapy and unclear documentation regarding the nature of past acupuncture.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Physical Therapy for two to three (2-3) visits per week for twelve (12) sessions; Cervical Spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Physical Medicine, pg. 99, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Medical Treatment Guidelines recommend "active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines anticipate that this employee would have transitioned by now to an independent home

rehabilitation program. If additional physical therapy is desired then the guidelines would anticipate specific prescription clarifying particular goals or methods which could not be accomplished through an ongoing home rehabilitation program. These guidelines have not been met. **The request for Physical Therapy for two to three (2-3) visits per week for twelve (12) sessions; Cervical Spine is not medically necessary and appropriate**

**2. Acupuncture one to two (1-2) visits per week for six (6) visits; Cervical Spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, Section 24.1, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Acupuncture guidelines indicate that acupuncture may be used as an adjunct to physical rehabilitation, or to hasten functional recovery time to reduce functional improvement: 3-6 treatments. The guidelines, thus would anticipate acupuncture early on in the treatment program as part of a functional restorative program. It is unclear what functional restorative goals would be part of a current acupuncture treatment. Moreover, the treatment request exceeds the guidelines for either initial or followup acupuncture treatments. For these reasons this request is not certified. **The request for Acupuncture one to two (1-2) visits per week for six (6) visits; Cervical Spine is not medically necessary and appropriate.**

/fn

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.

[REDACTED]

CM13-0006675