

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

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

Dated: 12/26/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 10/14/2006  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0008216

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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 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 claimant is a 55 year old female was involved in a work related injury on 10/14/2006. She complains of low back pain with pain radiating down to the right leg with tingling and burning. She also has sharp right shoulder pain that radiates down to the right arm and wrist. The claimant is diagnosed with right shoulder impingement, articular arilage disorder in the shoulder, lumbar spine radiculopathy. She has had a maximal number of chiropractic treatments, physical therapy, acupuncture, and oral medications. No functional improvement is documented with last course of acupuncture. A PR-2 dated 12/20/2012 during the last course of acupuncture documents that physical examination remained unchanged and pain complaints were unresolved from the acupuncture treatments.

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

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

**1. Acupuncture 2 times a week for 6 weeks for the lumbar spine and right shoulder is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale:

According to evidence based guidelines, acupuncture visits after an initial trial are medically necessary if there is functional improvement. The claimant has had an unspecified number of

acupuncture visits with no documented functional improvement. There has been at least 12 visits rendered from 8/2012 to 1/2013. There was no functional change documented and the functional assessment scale remains a 3. Examination and pain scale findings also have no appreciable change and the claimant remains off work. The course of acupuncture from 8/2012 to 1/2013 was not an initial trial and the claimant has had more courses of acupuncture prior to that date. There is no documentation as to why acupuncture would benefit the claimant when it has not yielded results in the past. Therefore, the treatment is not medically certified.

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]  
[REDACTED]  
[REDACTED]

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