

Independent Medical Review Final Determination Letter

3190

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

Dated: 12/27/2013

IMR Case Number:	CM13-0023694	Date of Injury:	02/12/2013
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
ACUPUNCTURE			

DEAR [REDACTED]

[REDACTED] 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 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 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:

Claimant is 50 year old male who was involved in a work related injury on 2/12/2013. He has neck and low back pain. He has paravertebral spasm and restricted range of motion. He also has reduction of sensation in bilateral hands. His diagnoses are closed head trauma, cervical and lumbar sprain/strain. He is on total temporary disability. On a PR2 10/22/2013, the PTP states that the claimant is currently getting acupuncture treatment. On a PR-2 on 9/18/2013, the PTP states that the patient has completed his course of acupuncture treatment and it has helped with his pain. There were no changes in VAS, physical exam, or in ADLs. He has had psychological treatment, physical therapy, and oral medications. An MRI shows that there are disc extrusions and disc bulges L4-S1 and disc bulge at C5-C6.

IMR DECISION(S) AND RATIONALE(S)

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

1. Acupuncture (multiple body parts) three (3) times four (4) is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS/ACOEM guidelines

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, further acupuncture visits after an initial trial is based on functional improvement gains. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The claimant has had at least six acupuncture treatments with no demonstrated functional improvement. It is unclear how many actual acupuncture treatments have been rendered. The PTP states that acupuncture has helped the claimant with pain, but the VAS numbers remain the same and there are no functional gains. Therefore further acupuncture is not medically necessary due to the lack of improvement from the initial acupuncture trial.

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]

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