

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Magnetic Resonance Imaging (MRI) of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Magnetic Resonance Imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Acupuncture sessions two (2) times per week for five (5) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/3/2013 disputing the Utilization Review Denial dated 4/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/22/2013. 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 requested Magnetic Resonance Imaging (MRI) of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Magnetic Resonance Imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Acupuncture sessions two (2) times per week for five (5) weeks **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, has a subspecialty in Pain Management, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 10, 2013

“Progress notes dated 04/01/13 states that the claimant complains of neck and back pain rated 8/10. The claimant takes medication without relief. Examination reveals decreased range of motion. The provider recommends MRI of the cervical spine and lumbar spine, physical therapy, medications and acupuncture treatment. The rest of the handwritten report is illegible.”

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 for Independent Medical Review (dated 5/3/13)
- Utilization Review Determination (dated 4/10/13)
- Employee medical records from [REDACTED], MD (dated 3/15/13-5/3/13)
- MRI reports from [REDACTED] (dated 4/11/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 12, Low Back, pg. 304
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 8, Neck and Upper Back, pg. 177-178
- Official Disability Guidelines (ODG), Neck Chapter, MRI and Acupuncture Section
- Official Disability Guidelines (ODG), Low Back Chapter, MRI and Acupuncture Section

1) Regarding the request for Magnetic Resonance Imaging (MRI) of the lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 12, Low Back, pg. 304 of the Medical Treatment Utilization Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee fell from a ladder at work on March 1, 2013 injuring the neck and back. Medical records provided and reviewed indicate treatment has consisted of oral analgesics and physical therapy, including acupuncture. The medical report from 4/1/13 did not describe any severe or progressive neurologic deficit on examination consistent with a radiculopathy or specific concerns or diagnosis of a potential fracture. This appears to be a retrospective review as the medical report of 4/26/13 indicates the Lumbar MRI results were reviewed with no evidence of fracture, and the recommended treatment was to continue conservative care. There were no unequivocal objective findings that identified specific nerve compromise on the neurologic examination, no evidence of a severe or progressive radiculopathy, or other red flags in the medical records reviewed which would meet ACOEM criteria for the requested lumbar MRI. The magnetic resonance imaging (MRI) of the lumbar spine was **not medically necessary and appropriate**.

2) Regarding the request for Magnetic Resonance Imaging (MRI) of the cervical spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 8, Neck and Upper Back, pg. 177-178 of the Medical Treatment Utilization Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by

the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee fell from a ladder at work on March 1, 2013 injuring the neck and back. Medical records provided and reviewed indicate treatment has consisted of oral analgesics and physical therapy, including acupuncture. The medical report from 4/1/13 did not describe any severe or progressive neurologic deficit on examination consistent with a radiculopathy or specific concerns or diagnosis of a potential fracture. This appears to be a retrospective review as the medical report of 4/26/13 indicates the Cervical MRI results were reviewed with no evidence of fracture, and the recommended treatment was to continue conservative care. There were no unequivocal objective findings that identified specific nerve compromise on the neurologic examination, no evidence of a severe or progressive radiculopathy, or other red flags in the medical records reviewed which would meet ACOEM criteria for the requested cervical MRI. The magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**

3) Regarding the request for Acupuncture sessions two (2) times per week for five (5) weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck Chapter, Acupuncture Section and Official Disability Guidelines (ODG), Low Back Chapter, Acupuncture Section which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on 9792.24.1 Acupuncture Medical Treatment Guidelines which is part of the MTUS.

Rationale for the Decision:

The employee fell from a ladder at work on March 1, 2013 injuring the neck and back. Medical records provided and reviewed indicate treatment has consisted of oral analgesics and physical therapy, including acupuncture. The medical report from 4/1/13 did not describe any severe or progressive neurologic deficit on examination consistent with a radiculopathy or specific concerns or diagnosis of a potential fracture, but did indicate the employee was continuing to experience pain in the neck and low back. While MTUS specifically supports acupuncture for treatment of low back and neck pain, there is a limitation of three (3) to six (6) treatments to produce functional improvement. The current request for acupuncture sessions two (2) times per week for five (5) weeks exceeds the recommended amount. The request for acupuncture sessions two (2) times per week for five (5) weeks **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

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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.