

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Acupuncture sessions (3 per week for 3 weeks) total of 9 sessions requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 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 Acupuncture sessions (3 per week for 3 weeks) total of 9 sessions requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Maryland. 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 professional 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

"This is a 42-year-old male who was injured on 2/20/13. The mechanism of injury occurred when he was on the on-ramp, driving approximately 40 to 55 miles an hour, when he hit the median and lost control. The diagnoses included cervical strain, left cheek contusion, and abrasion of left dorsal hand. In a doctor's first report of injury on 2/21/13, one day after the injury, the patient had a CT scan and an MRI of the brain that was negative. An X-ray of the spine was negative. There was no loss of consciousness. At that point, one day after an injury, it was felt the patient could return to regular work activities. In an evaluation on 2/26/13 performed by Dr. [REDACTED] it was noted that the patient was back to regular work. It was also reported that he had a degree of cervical neck pain with abrasion, status post the motor vehicle accident. There was an indication that he was doing "much better." A clinical examination indicated the abrasions and wounds on the cheek resolved with full motion of the cervical spine. A degree of tightness and spasm was present. Axial loading was negative. Distal neurosensory and vascular were found to be completely intact. The patient was allowed to return to regular duties with the recommendations for therapy, but also for home exercise and home massage. There was no indication of MR imaging and/or the need for any further use of acupuncture or massage therapy. The patient's current work activity was full work duties."

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
- Utilization Review Letter by [REDACTED] (dated 4/10/13)

- Physician Review Recommendation by [REDACTED] (dated 4/9/13)
- Employee's Medical Record from [REDACTED] (dated 2/26/13)
- Employee's Medical Records from [REDACTED] (dated 2/21/13 through 4/15/13)
- Acupuncture Medical Treatment Guidelines (2009)

1) Regarding the request for Acupuncture sessions (3 per week for 3 weeks) total of 9 sessions:

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

The Claims Administrator based its decision on the California Acupuncture Medical Treatment Guidelines, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 42-year-old male who was injured on 2/20/2013. While driving approximately 40 to 55 miles per hour on the on-ramp, he struck the median and lost control of his vehicle. He incurred a cervical strain, a left cheek contusion, and abrasion of the left dorsal hand. There was no loss of consciousness. An MRI and CAT scan of the brain, and an X-ray of the spine were done one day after the injury and were all negative. The employee returned to regular work duties one day after the injury. An evaluation dated 2/26/2013 noted that the employee was back to his regular work. It was also noted that he had a degree of cervical neck pain with abrasion, status post-motor vehicle accident. A degree of tightness and spasm was noted. Digital neurosensory and vascular were found to be intact. The employee was recommended to have physical therapy as well as a home exercise and home massage.

The California MTUS Acupuncture Guidelines (2009) describe acupuncture "as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgery intervention to hasten functional recovery." The expert reviewer felt that the previous UR reviewer was correct in determining non-certification at the time of his review, based on the available records. However, since that time, a new progress report by the treating physician, dated 4/15/2013, revealed that the employee has plateaued in his response to physical therapy, and still has muscle spasm on exam, pain, and a 20 percent reduction in neck range of motion. Given the new information, the expert reviewer believes that it is medically necessary to implement acupuncture as requested as an adjunct to physical therapy and to hasten functional recovery. The Acupuncture sessions (three per week for three weeks) total of nine sessions is 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

/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.