

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the 3 acupuncture visits for the lumbar spine requested **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/23/2013. 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 3 acupuncture visits for the lumbar spine requested **are not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The Professional Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The Professional Reviewer is a licensed Doctor of Chiropractic, has a subspecialty in 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 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 May 9, 2013.

“The patient is a 63-year-old male who sustained an injury on 1/16/2013 while transferring a box from a cart to the floor. The patient is diagnosed with lumbar sprain and lumbosacral neuritis/radiculitis. A request is made for three acupuncture visits for the lumbar spine. Per progress report dated 5/11/13, the patient complains of constant pain in his lower back traveling to his left leg. He also complains of numbness and tingling in the left leg. He indicates that his left leg feels weak with prolonged weight bearing. On examination of the lumbar spine, he ambulates with an antalgic gait favoring the left. Valsalva, Kemp's test/Facet, Yeoman's test and Iliac Compression reveal pain on both sides. There is tenderness to palpation from L1 to S1 levels bilaterally. Motor strength and sensation are normal and intact. X-rays of the lumbar spine dated 3/22/13 revealed anterior end-plate marginal osteophytes, sclerosis of the vertebral body endplates and anterior wedging of the L3 vertebral body of an old healed compression fracture. His current medications are etodolac, cyclobenzaprine and acetaminophen. As per the UR Nurse's clinical summary, the patient had received a previous certification for six acupuncture visits on 3/15/13. However, the number of completed sessions from the six certified acupuncture visits and the patient's functional response were not detailed. This was discussed with Dr. [REDACTED]. Without documentation of significant functional improvement noted in the records provided, the medical necessity of additional visits is not established.”

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 by [REDACTED] for 3 acupuncture visits (dated 5/9/13)
- Utilization Review by [REDACTED] for 6 acupuncture visits (dated 3/15/13)
- Employee's Medical Records by [REDACTED], M.D. (dated 4/9/13 through 4/30/13)
- Employee's Medical Records by [REDACTED] (dated 3/8/13 through 5/1/13)
- Employee's Diagnostic Reports by [REDACTED] (dated 3/22/13 and 3/24/13)
- Doctor's First Report of Occupational Illness or Injury by [REDACTED], D.C. (dated 3/1/13)
- Employee's Medical Records by [REDACTED] (dated 1/17/13 through 2/22/13)
- Employee's Radiological Consultation Report by [REDACTED] (dated 3/6/13)
- Employee's Medication Documents
- Acupuncture Medical Treatment Guidelines

1) Regarding the request for 3 acupuncture visits for the lumbar spine:

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

The Claims Administrator based its decision on the 9792.24.1. Acupuncture Medical Treatment Guidelines, of the California 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 sustained an injury on 1/16/2013 while transferring a box from a cart to the floor and was diagnosed with a lumbar sprain and lumbosacral neuritis/radiculitis. The utilization review showed the employee received a previous certification for 6 acupuncture visits on 3/15/2013. However, neither the number of completed visits nor the employee's functional response was detailed. There was no documentation on functional improvement after the completion of the previous 6 acupuncture visits.

Based on the Acupuncture Medical Treatment Guidelines, acupuncture after an initial trial is only recommended if there is functional improvement demonstrated after the initial trial. There is no documentation of any significant functional, subjective, or objective improvement before and after the initial trial of 6 acupuncture visits. The requested 3 acupuncture visits for the lumbar spine are 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.