

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]
[REDACTED]
[REDACTED]

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

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/15/2013
Date of Injury:	2/11/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000626

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture, 1 or more needles, without electrical stimulation is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 request for **acupuncture, 1 or more needles, without electrical stimulation is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor/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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Patient is a 34 year old woman who was injured on 2/11/2013. She was on a step ladder pulling down overhead boxes when she had a sudden onset of back pain. She has bilateral back and leg pain. She also has numbness on both feet. She has an exacerbation of symptoms when walking (greater than) > 15 min or prolonged standing or sitting. She has had prior acupuncture, 4 months of physical therapy and anti-inflammatory medications. She does not notice a benefit from medications. She had early short term relief with the acupuncture trial but it was transient. She states that acupuncture improved her overall condition prior to exacerbation. On her exam on 4/8/2013 after completing an initial trial of acupuncture, her lumbar spine range of motion was worse than her initial exam. She reports physical therapy gives her a slight increase in range of motion (ROM) and decreased pain. Her imaging studies reveal a grade 1 spondylolisthesis, and severe spinal stenosis at L4-L5. Her diagnoses are lumbosacral sprain/strain, lumbosacral radiculitis and acquired spondylolisthesis. She is on temporary total disability. Her primary treating physician (PTP) is currently requesting an epidural steroid injection.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Acupuncture, 1 or more needles; without electrical stimulation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

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

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

Rationale for the Decision:

According to recommended guidelines, further acupuncture sessions after an initial trial are only medically necessary if there is documented functional improvement. The employee had no documented functional improvement with the trial of acupuncture and the examination results were worse than prior to the initiation of acupuncture. **The request for acupuncture, 1 or more needles, without electrical stimulation 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,

Paul Manchester, MD, MPH
Medical Director

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

/pas

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.