

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 request for 12 acupuncture sessions (three times a week for four weeks) **is not medically necessary and appropriate.**

- 2) MAXIMUS Federal Services, Inc. has determined the request for 6 physical therapy sessions (three times a week for two weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/18/2013 disputing the Utilization Review Denial dated 5/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 12 acupuncture sessions (three times a week for four weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 6 physical therapy sessions (three times a week for two weeks) **is not 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 Physical Medicine and Rehabilitation 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 16, 2013.

“This is a 44 year old male with a low back injury on 3/10/13 from lifting. He has had physical therapy and NSAID treatment with little improvement. He completed 6/6 certified PT visits. He was recently evaluated by an orthopedic specialist who diagnosed lumbar sprain, and released him to modified work with no lifting more than 25 lb. He was also given Relafen and tizanidine.”

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 6/18/2013
- Utilization Review Determination provided by [REDACTED] dated 5/16/2013
- Medical Records were not provided
- Acupuncture Medical Treatment Guidelines (2009)
- Official Disability Guidelines (2009) – Low Back Chapter – Physical Therapy Section

1) Regarding the request for 12 acupuncture sessions (three times a week for four weeks):

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), which are part 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:

There were no medical records submitted for review. The utilization review (UR) determination indicated the employee was injured on 3/10/2013 and experienced a lumbar strain. The UR also indicated the employee has received treatment consisting of 6 physical therapy sessions and non-steroidal anti-inflammatory drugs, with little improvement noted.

The Acupuncture Medical Treatment Guidelines indicate acupuncture is an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There were no medical records submitted for review and the conditions for acupuncture are not established. The request for 12 acupuncture sessions (three times a week for four weeks) is not medically necessary and appropriate.

2) Regarding the request for 6 physical therapy sessions (three times a week for two weeks):

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy Section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer determined that the MTUS does not appropriately address the requested treatment. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

There were no medical records submitted for review. The utilization review (UR) determination indicated the employee was injured on 3/10/2013 and experienced a lumbar strain. The UR also indicated the employee has received treatment consisting of 6 physical therapy sessions and non-steroidal anti-inflammatory drugs, with little improvement noted.

The ODG section referenced above allows for up to 10 visits over 8 weeks for a lumbar strain. The UR indicated the employee has already had 6 physical therapy sessions, with little improvement noted. There were no medical records

submitted for review. The conditions for an additional 6 physical therapy sessions are not established. Also, an additional 6 physical therapy sessions would amount to 12 total sessions, which exceeds the allowable amount. The request for 6 physical therapy sessions (three times a week for two 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

/dj

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.