
Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 4/20/2013
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0010242

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture treatment one (1) time a week for twelve (12) weeks to the cervical spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy one (1) time a week for six (6) weeks in treatment to the cervical spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 treatment one (1) time a week for twelve (12) weeks to the cervical spine** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy one (1) time a week for six (6) weeks in treatment to the cervical spine** 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 expert reviewer is Licensed in Chiropractic and 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:

The claimant is a 46 year old female who sustained a work related injury on 4/20/2013. She has had at least nine physical therapy sessions. On a visit note dated 8/22/2013, the provider stated that the patient will be starting her trial of four acupuncture sessions and also finishing up the remaining three physical therapy sessions which were previously authorized. She currently has chronic neck and shoulder pain. Her primary diagnosis is cervical disc displacement without myelopathy. She is currently on total temporary disability because modified work is not available. The note also states that the patient does not have an exercise program. The claimant had a delay in completing the physical therapy visits in a timely manner due to a personal matter.

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 treatment one (1) time a week for twelve (12) weeks to the cervical spine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, pg. 8-9, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pg. 8-9, which is a part of the MTUS.

Rationale for the Decision:

According to guidelines, an initial trial of acupuncture consists of six sessions. If this was an initial request, twelve sessions exceeds the recommended guidelines for a trial. After a review of the records provided, it appears that there has been a modified certification for four acupuncture sessions on 8/16/2013. If this is a follow up request for additional visits following a trial, there is no documentation of functional improvement from the trial to warrant follow up visits. **The request for acupuncture treatments one (1) time per week for twelve (12) weeks to the cervical spine is not medically necessary and appropriate.**

2) Regarding the request for physical therapy one (1) time a week for six (6) weeks in treatment to the cervical spine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guideline, Physical Medicine, pg 98, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guideline, Physical Medicine, pg. 98, which is a part of the MTUS.

Rationale for the Decision:

According the MTUS guidelines, 8-10 visits are recommended for myalgia and neuralgia. The medical records reviewed indicate the employee has had at least 9 visits and the provider stated that the employee would be completing 3 more visits. There is no documentation of progress after the completion of the last three visits. Twelve approved visits already exceeds the guideline recommendations. The guidelines note that patients should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The provider states that the employee does not have an exercise program and the medical records do not provide documentation as to why the employee needs more than the guideline recommended number of visits. **The the request for physical therapy one (1) time a week for six (6) weeks in treatment to the cervical spine 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

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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.