

Independent Medical Review Final Determination Letter

752
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0017621	Date of Injury:	01/18/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in 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 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old male who reported an injury on 01/18/2012 due to shoveling a significant amount of snow to clear a walkway for a delivery truck. The patient was initially treated with chiropractic care, topical pain relievers, and medications to include ibuprofen, tramadol and Flexeril. The patient underwent an MRI that revealed L1-2 and L3-S1 herniated disc bulging. The patient also underwent an EMG/NCV that identified L4-5 radiculopathy. The patient underwent x-rays in 03/2011 that revealed L3 laxity on L4. The patient underwent a course of acupuncture treatments. The patient had pain rated at a 4/10 radiating into the left and right lower extremities. The patient's physical findings included restricted range of motion of the lumbar spine, an altered gait pattern, tenderness to palpation of the lumbar paraspinal musculature, L1 bilateral chronic subluxation and sacrum bilateral chronic subluxation. The patient's diagnoses included spondylolisthesis. The patient's treatment plan was to continue chiropractic care and acupuncture with medication management.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. A series of 4 Acupuncture visits between 8/16/13 and 10/3/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the 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.

The Expert reviewer's decision rationale:

The employee does continue to have restricted range of motion and complaints of pain radiating into the bilateral lower extremities. MTUS Acupuncture guidelines states that the optimum duration of acupuncture is 1 to 2 months. It is also recommended that acupuncture treatments may be extended if functional improvement is documented during clinical examination. Documentation submitted for review does not provide any evidence that the employee has had an increase in functional capabilities as a result of the prior acupuncture treatments. Clinical documentation submitted for review does provide evidence that the employee has participated in at least 15 acupuncture sessions for the year of 2013. However, there is no documentation in reduction of medications, reduction in pain and symptoms, or increased functional benefit. **The request for a series of 4 acupuncture visits between 08/16/2013 and 10/13/2013 is not medically necessary and appropriate.**

/MCC

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.

[REDACTED]

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