
Independent Medical Review Final Determination Letter

884

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

Dated: 12/27/2013

IMR Case Number:	CM13-0017977	Date of Injury:	07/30/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:			
8 ACUPUNCTURE TXS			

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: OVERTURN. This means we decided that all 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 physician 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 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 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:

Claimant is 43 year old male who was involved in a work related injury on 7/30/2012. He has constant aching pain in bilateral aspects of cervical spine and bilateral shoulders. He also has constant dull pain in bilateral back with pain radiating down to the bilateral lower extremities. He also has intermittent numbness and swelling in bilateral feet. Almost all positions aggravate the pain and the intensity is 8/10. The claimant reports his pain has worsened from not having acupuncture and being off Norco. Physical exam reveals tenderness over musculature and MRI shows mild neural forminal narrowing. His diagnoses are low back pain, sciatica, spinal stenosis, cervicgia, and spondylosis. EMG reveals a normal study. The claimant is on light duty. Prior treatment includes chiropractic, physical therapy, acupuncture, and oral medications. On 4/5/2013, the patient reported mild pain and functional gain from completing 4/8 session of acupuncture and he is off work at that point. After completing 12 more acupuncture sessions, the claimant reports 50% pain relief, functional gain and ADL and is off all pain medication on 6/28/2013. He is also released to return to work with restrictions. He has previously had 6 visits starting in 9/11/2012 which he stated gave him functional improvement as well.

IMR DECISION(S) AND RATIONALE(S)

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

1. Eight (8) additional sessions of acupuncture is 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.

TheExpert Reviewer's decision rationale:

According to the Acupuncture Medical Treatment Guidelines, further acupuncture visits after an initial trial are based on functional improvement gains. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The employee has had 22 acupuncture sessions and 16 in the last year. From 4/5/2013 to 6/28/2013, the employee had 12 session of acupuncture and was able to return to work. This is a clinically significant reduction in work restrictions since the employee not working prior to 4/5/2013. On 6/28/2013, the PTP states that there is a 50% improvement in pain and functional goals. There is no clear documentation of what items are improved or of functional goals. In the future, there must be clear documentation of objective and specific functional improvement and there should be specific functional goals. However, there is a clear functional gain from the last sessions of acupuncture. **The request for eight (8) additional acupuncture sessions is medically necessary and appropriate.**

/JR

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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