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**Notice of Independent Medical Review Determination**

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	8/9/2008
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001309

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture for the lumbar spine, 1 time per week times 6 weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 for the lumbar spine, 1 time per week times 6 weeks **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 a licensed Acupuncturist who 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated August 16, 2013

“The date of injury is 8/9/2008. Employee states continued low back pain radiating into right hip and lower extremity. Current treatment consists of acupuncture, oral medications, and topical analgesics. Diagnoses are listed as lumbar radiculopathy, chronic pain, and morbid obesity.”

### **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 (received 7/12/13)
- Utilization Review Determination (dated 7/8/13)
- Employee medical records from [REDACTED] MD (dated 7/5/12-7/11/13)
- Employee medical records from [REDACTED] MD (dated 7/24/12)
- Employee medical records from [REDACTED] (dated 8/13/12-7/11/13)
- Acupuncture Medical Treatment Guidelines (2009)

- 1) **Regarding the request for acupuncture for the lumbar spine, 1 time per week times 6 weeks:**

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/9/2008. The employee continues to experience low back pain which radiates into the right hip and lower extremity. Medical records reviewed indicate spondylolisthesis, neuralgia, neuritis, and radiculitis, unspecified, spondylosis with myelopathy, lumbar region, spondylosis of unspecified site, and other chronic pain. Treatment has included acupuncture, oral medications, and topical analgesics. A request was submitted for acupuncture for the lumbar spine, 1 time per week times 6 weeks.

MTUS Acupuncture guidelines state that functional improvement must be demonstrated to warrant visits after the initial trial. The submitted medical records demonstrated mild improvement from the initial six acupuncture visits with reduction in medication. An additional six acupuncture visits were authorized, but were not used. The records indicated the employee continued to improve between January 2013 and March 2013 without the need for further acupuncture treatment and there were no recent examination results demonstrating the need for further acupuncture treatment. The request for acupuncture for the lumbar spine, 1 time per week times 6 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.