

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	5/3/2005
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001568

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 acupuncture sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Acupuncturist who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is licensed 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the Medical Report from [REDACTED], DO dated April 24, 2013.

“This is a 49-year-old female with low back pain radiating into the lower extremities, likely partially radicular in nature, as well as due to myofascial pain. She responded very well to acupuncture treatment.

“PLAN: -- As she gets a tremendous amount of functional gain to include minimizing her medications with acupuncture, I would strongly recommend approval for further acupuncture treatments; up to 2 a month for a year to see how she does on that. She does not need any medications today. I will see her back in about 3 months time to see how she is doing.”

### **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 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/01/2013
- Medical records from 6/25/2013 through 4/24/2013
- MTUS Acupuncture Medical Treatment Guidelines – Low back

**1) Regarding the request for 12 Acupuncture sessions:**

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, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back in an accident on 5/03/2005. An MRI was done on 6/01/2011 and medical records submitted and reviewed note treatment has included epidural steroid injections, pain medication, physical therapy and acupuncture. A report dated 4/24/2013, indicates the employee continues to experience chronic myofascial pain. A request was submitted for 12 acupuncture sessions.

The MTUS Acupuncture Medical Treatment Guidelines state that the “time to produce functional improvement is three to six treatments with a frequency of one to three times per week. Optimum duration is one to two months and treatment may be extended if functional improvement is documented as defined in Section 9792.20(f).” The submitted records reveal that the employee has received multiple acupuncture treatments since at least 2011 and there is no mention of improvement of activities of daily living or a reduction of work restrictions. The request for 12 acupuncture sessions 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

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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.