MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/4/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/12/2013
Date of Injury:	8/27/2010
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002773

1) MAXIMUS Federal Services, Inc. has determined the request for six (6) acupuncture sessions one (1) time a week for six (6) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 six (6) acupuncture sessions one (1) time a week for six (6) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and in Pain Medicine 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 utilization review denial/modification dated July 12, 2013:

The July 2, 2013 follow-up progress note indicated ongoing complaints of low back pain. The only known relief was acupuncture. Physical examination noted good strength in the bilateral lower extremities and diagnoses of radiculopathies noted. The claimant does not wish to pursue surgical option. However, the claimant wishes to undergo a second round of acupuncture. The work status is unchanged. There is no discussion relative to how much acupuncture had been completed, the efficacy or utility. The effectiveness of this article has not been objectified.

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 7/23/13)
- Utilization Review Determination from [redacted] (dated 7/12/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request six (6) acupuncture sessions one (1) time a week for six (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 a part of Medical Treatment Utilization Schedule (MTUS).

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 sustained a work-related injury on 8/27/10. The request is for six (6) acupuncture sessions one (1) time a week for six (6) weeks.

Acupuncture Medical Treatment guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical report of May 15, 2012 documents the first request for 6 visits of acupuncture for the low back. The next follow-up note documents a denial of acupuncture. The May 24, 2013 medical report documents the employee receiving initial acupuncture, but it is not clear if there is "any relief" thus far. There is a commentary on analgesic efficacy indirectly in a progress note with date of service July 2, 2013 that the "only known relief was acupuncture." The physical exam does not document any improvement nor is there documentation of any functional changes in work status or activities of daily living. **The request for six (6) acupuncture sessions one (1) time a week for six (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;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.