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

Notice of Independent Medical Review Determination

Dated: 11/22/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	2/1/2006
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003903

1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture one time per week for six weeks for cervical and bilateral shoulders is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 one time per week for six weeks for cervical and bilateral shoulders is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent 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 Anesthesiology 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.

Expert Reviewer Case Summary:
The patient was injured on 2/1/2006 and presents with neck, upper back and bilateral shoulder pain. The patient has a diagnosis of carpal tunnel syndrome. The 6/17/13 visit note states the patient “feels more energized and can walk more with aid of acupuncture”. A Utilization Review dated 7/1/2013 denied additional acupuncture and noted “The provider stated that the patient reported improvement of pain but he doesn't have information about the functional improvement. The medical necessity of the request is not established."

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 on 07/26/2013
- Utilization Review Determination from [redacted] (dated 07/01/2013)
- Employee medical records from [redacted] (dated 08/13/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for acupuncture one time per week for six weeks for cervical and bilateral shoulders :**

   <u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
   The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9),

Acupuncture, and the Acupuncture Medical Treatment Guidelines (2009), which are part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines (2009), which are part of the MTUS.

Rationale for the Decision:
The Acupuncture guidelines state "acupuncture treatments may be extended if functional improvement is documented." The guidelines indicate that 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, and a reduction in the dependency on continued medical treatment. The records submitted for review lack documentation that the employee has experienced functional improvement as defined by the guidelines. **The request for acupuncture one time per week for six weeks for cervical and bilateral shoulders 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

/sab

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.