

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/19/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004561

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 acupuncture sessions for the cervical and lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 8 acupuncture sessions for the cervical and lumbar spine **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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Patient is a 50 year old woman who was injured 2/9/2010. She has neck pain and also pain radiating down to both arms. She also complains of lower back pain and headaches. She also complains of poor quality of sleep and that medications are no longer working well for her. Her primary diagnoses are lumbar disc disorder, lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain and cervical spondylosis. She has had a total of 8 acupuncture sessions in the last 2 years. Each time she had 4 sessions. Patient states that pain was 100% gone by the 4th session and she was able to sleep 8 hours after the acupuncture vs. 2-4 hours without it. She also stated that it increased her mobility, and that she was able to walk 30-60 min vs 10-15 minutes without. She also states that acupuncture has significantly helped her with her nausea. She also states that the pain no longer radiated to her extremities and was more localized. However, there is no objective documentation by the provider that there have been any clinically significant changes. Her work status and work restrictions have remained the same throughout the course of the documentation. Her medications before and after acupuncture are also the same. There were also no changes in terms of her physical and orthopedic exams before and after acupuncture.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for 8 acupuncture sessions for the cervical and lumbar spine:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on 9792.24.1. Acupuncture Medical Treatment Guidelines which is part of the Medical Treatment Utilization Schedule (MTUS), 9792.20. MTUS—Definitions, and ODG Official Disability Guidelines, Acupuncture Guidelines: Low Back, which is not a part of the MTUS.

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

Rationale for the Decision:

MTUS Guidelines indicate that further acupuncture is recommended after an initial trial only if there is clinically significant improvement in activities of daily living or a reduction in work restrictions. These improvements must be measured during the history and physical exam and documented. According to the medical records provided for review this employee has had 8 acupuncture sessions with no clinically significant improvements. It was stated that slight improvements occurred in activities of daily living including sleeping and walking longer. However, there has been no change in physical impairments, reduced reliance on medications, or work status. Eight sessions would only meet guideline criteria if there are clinically significant changes based on a trial session. **The request for 8 acupuncture sessions for the cervical and lumbar spine 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

/mbg

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.