

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	6/19/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004715

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture treatments for four (4) sessions to the lumbar spine, one (1) time per week for four (4) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 treatments for four (4) sessions to the lumbar spine, one (1) time per week for four (4) 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 physician reviewer is Board Certified in Chiropractor 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:

The employee complains of low back pain radiating to the lower extremities originating in an accident 6/19/2009. The diagnosis is lumbosacral neuritis. The pain is currently 6/10 with medication and 9/10 without medications. She has functional limitations in ambulation and sleep. Employee states that 4 acupuncture sessions in May 2013 were able to help her with increased mobility and activity. She is taking hydrocodone and lorazepam and tizanidine. Prior to acupuncture in May, her pain level was 5/10 with medication and 9/10 without medication. She had daily limitations in activity, ambulation and sleep. The employee also had four acupuncture session in July 2012 when her pain was 7/10. There are no acupuncture records or any details on the reduction of medication or the improvement of activity and mobility.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for acupuncture treatments for four (4) sessions to the lumbar spine, one (1) time per week for four (4) weeks:**

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 the Acupuncture Medical Treatment Guidelines, which is a part of MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator and the Official Disability Guidelines (ODG) Acupuncture Guidelines and ODG Lower Back Procedure Summary, which are Medical Treatment Guidelines (MTG) and not part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

According to the guidelines further acupuncture is recommended after an initial trial only if there are 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 must be documented. A review of the medical records indicates the employee has had 8 acupuncture sessions with no documentation of clinically significant improvement of activities of daily living or reduction in work restrictions. The records mention improvement in activity and mobility, but this was not clarified. The records also mention a reduction of medication, however this was not documented. The records indicate pain level was worse after acupuncture when compared to prior pain levels. The request for acupuncture treatments for four (4) sessions to the lumbar spine at one time per week for 4 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, 18th Floor
Oakland, CA 94612

/pr

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.