

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	4/17/2013
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005370

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture 3 times a week for 2 months (8 weeks) equaling (24) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pain management evaluation and treatment 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 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 3 times a week for 2 months (8 weeks) equaling (24) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pain management evaluation and treatment 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 Physical Medicine and Rehabilitation 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 claimant reported an injury on 03/10/2013. The reported mechanism of injury was a motor vehicle accident. The claimant was noted to have an MRI of the shoulder with contrast on 06/26/2013. Official read, per [REDACTED], MD, revealed (1) no evidence of high grade partial thickness rotator cuff tear or tendon retraction; (2) a copious joint capsule is incidentally noted, which is nonspecific, but can be seen in multidirectional instability. The claimant had an MR arthrogram on 06/26/2013, official read by [REDACTED], MD, which revealed no fracture or lytic lesion. The claimant was noted to have an MRI of the cervical spine on 07/10/2013, official read per [REDACTED], MD, which revealed no intrinsic abnormality of the cervical cord, no cranial vertebral junction abnormality, no fractures, and no bone or soft tissue tumors noted. The claimant had an MRI of the lumbar spine on 07/10/2013, official read per [REDACTED], MD, which revealed there is levoscoliosis, no fractures, no bone or soft tissue tumor, and the conus is unremarkable. Per note dated 06/10/2013, per [REDACTED], DC, cervical examination revealed the claimant had 35 degrees of flexion with pain and spasm, extension 5 degrees with pain and spasm, left lateral bend 20 degrees with pain and spasm, right lateral bend with 30 degrees with pain and spasm, left rotation 30 degrees with pain and spasm, and right rotation 50 degrees with pain and spasm. Additionally, it was stated the claimant had a cervical compression test, a cervical distraction test, and a shoulder depression test that were positive. Examination of the lumbosacral spine revealed the claimant has spasms and tenderness of the paraspinal musculature bilaterally at L1-S2 levels. Range of motion was noted to be restricted and painful in all directions.

The examination of the shoulders revealed the claimant had spasms and tenderness of the upper trapezius muscles, supraspinatus, deltoid muscles, rotator cuff, clavicle, and over the AC joints bilaterally, greater on the left than the right. The left deltoid was noted to be tender to touch. The left clavicle was tender to touch. The claimant's range of motion was noted to be restricted and performed with pain. The arm drop test was positive on the right. The arm drop test on the left was very painful and the Dugas test was positive on the left. However, both upper and lower extremities were not functionally impaired and there was no gross evidence of comparative atrophy or signs of external trauma noted. Motor strength was noted to be 5/5 throughout. The office note dated 07/10/2013 revealed the claimant had pressure and tingling in the neck and constant headaches. The pain was noted to radiate to the left shin and left arm, and right arm and right shin but with less intensity.

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 acupuncture 3 times a week for 2 months (8 weeks) equaling (24):

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 California Acupuncture Medical Treatment Guidelines, which is part of the MTUS, and American College of Occupational and Environmental Guidelines, (ACOEM), Chapter 7, page 127, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, Clean Copy, page 7 & 8, which is part of the MTUS.

Rationale for the Decision:

The MTUS Acupuncture Guidelines recommend acupuncture for the optimum duration of 1 month to 2 months, and that acupuncture may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. This request was previously denied as it was unclear as to which part the treatment was for. The clinical documentation submitted for review continues to fail to indicate the part of the body for the acupuncture treatments and it failed to provide documentation of the employee's functional improvement with previous treatments. **The request for acupuncture three times a week for two months (8 weeks) equaling 24, is not medically necessary and appropriate.**

2) Regarding the request for pain management evaluation and treatment :

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 American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, Chapter 7, Consultations and Independent Medical Exams, page 127, which is not not part of the MTUS.

The Expert Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 5, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines recommend referrals if the practitioner is uncomfortable with the line of inquiry or has difficulty obtaining information or agreeing to a treatment plan. The clinical documentation submitted for review failed to provide that the employee had objective examination findings that would support the request for a pain management consultation. Additionally, the employee's medications and response to them were not provided to support the necessity for the consultation. **The request for a pain management evaluation and treatment 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

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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.