

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	7/7/2009
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006260

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 3 times a week for 4 weeks is not **medically necessary and appropriate**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 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 expert reviewer is a licensed Chiropractor and a licensed Acupuncturist 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 July 7, 2009 while working as a high school principle. He has pain in both the neck and low back. He has had prior surgery in the lumbar spine. His relevant diagnoses are lumbar radiculopathy and cervical spine sprain/strain. His pain level is 7/10 in the back. He does not take medication for his pain and sometimes his pain prevents him from sleeping. The patient states that acupuncture is one of the only treatments that have helped in the past. The patient also states that the treatment is helpful with improving his symptoms and activities of daily living. However, there is no documentation of prior acupuncture visits or of any functional improvements. He has also had chiropractic and physical therapy treatment for his back

### **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 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 CA MTUS Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based her decision on the Acupuncture Medical Treatment Guidelines, MTUS Definitions, (f) "Functional Improvement", which is part of the MTUS and the Official Disability Guidelines (ODG), Acupuncture Guidelines, Low back, which is not part of the MTUS.

Rationale for the Decision:

There was no documentation submitted in the medical records provided for review of a prior acupuncture trial or an initial acupuncture trial. However the request is for 12 visits which exceed the recommended guidelines for a trial. The treating physician references that the employee has benefited from acupuncture in the past. Further acupuncture can be recommended if documentation is submitted on clinically significant functional improvement as a result of a prior acupuncture trial. However, 12 visits exceed the recommendation for an initial trial and there is no documentation on a prior successful initial trial. **The request for acupuncture 3 times a 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.