

**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: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	11/26/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006680

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture, one (1) time every 1-2 weeks, for a total of 12 sessions, to the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychologist consultation is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 (1) time every 1-2 weeks, for a total of 12 sessions, to the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychologist consultation 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 Illinois. 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 is a 65-year-old male who was injured on 11/26/2003. The patient's specific mechanism of injury was not provided in the medical records. He was however, diagnosed with chronic low back pain, lumbar degenerative disc disease, lumbar sprain/strain, and lumbar radiculopathy. The patient is status post prior lumbar spinal surgeries, bilateral shoulder pain/strain, status post right total shoulder arthroplasty, with a history of left shoulder surgery, and history of acromioclavicular joint arthritis. An MRI of the lumbar spine performed on 04/01/2013 proved to be unremarkable except for the presence of a seroma. There is also a behavioral medicine evaluation on 03/16/2013 which refers to an injury from 1989 when the patient was lifting a snowmobile and felt a pop in his back. The note in the file from 02/13/2013 indicated the patient was reporting ongoing low back pain and radiating left leg pain with a neuropathic component. In addition, he had left ankle weakness and bilateral shoulder pain. The patient's treatment history included previous physical therapy and chiropractic care. The patient also received treatment by an acupuncturist with some benefit. The patient's medications at that time included Advil, Tylenol, and hydrocodone. The patient reported that they were somewhat helpful in managing his symptoms. Additional, follow-up report from 03/27/2013 reported the patient was continuing to work with an acupuncturist for low back and bilateral shoulder pain. Documentation from 05/15/2013 indicated the patient was having persistent symptom of lumbosacral pain with left lower limb radiating pain with neuropathic component. Physical exam from that visit indicated that the patient had a decreased range of motion of the back and shoulders with pain noted with ranging; mild hip pain was noted with ranging; tenderness to palpation in the lumbosacral and shoulder regions.

Straight leg testing produced posterior pelvic pain on the left, Spurling's test produced axial pain, and negative Tinel's in upper limbs. The patient was instructed to continue the use of Norco and a spinal surgery consultation was requested. In addition to the consultation, request for additional acupuncture treatment were requested as well.

#### **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, one (1) time every 1-2 weeks, for a total of 12 sessions, to the 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 the, Acupuncture Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), Physical Methods, pages 298-300, and Acupuncture Guidelines, which are part of the MTUS.

##### Rationale for the Decision:

The request for additional acupuncture 1 time every 1 to 2 weeks for a total of 12 additional sessions to the lumbar spine is not medically indicated at this time. The California Medical Treatment Utilization Schedule indicates that acupuncture is recommended in the management of low back disorders. Furthermore, frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months is the recommended guidelines. Acupuncture treatments may be extended if functional improvement is documented. According to the records submitted for review, the employee has utilized an excess of 20 sessions of acupuncture treatments for low back pain to date. While the medical records indicate that employee does report benefit from the acupuncture sessions, there is no measurable objective documentation submitted concerning the employee's functional improvement. Furthermore, the employee has been getting treatment since February of 2013 which far exceeds the 1 to 2 month guideline. As such, due to a lack of specifics regarding the clinical benefit of the treatments in addition to the excessive nature of this request, this cannot be supported by the California MTUS. **The request for acupuncture, one (1) time every 1-2 weeks, for a total of 12 sessions, to the lumbar spine is not medically necessary and appropriate.**

**2) Regarding the request for psychologist consultation :**

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 MTUS, Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, pages 100-101, which is part of the MTUS.

The Expert Reviewer based his decision on the MTUS, Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, page 100, which is part of the MTUS.

Rationale for the Decision:

The request for psychological consultation is not medically indicated at this time. The California MTUS indicates that psychological evaluations are generally accepted, well established diagnostic procedures, not only with selective use in pain problems, but also with more wide spread use in chronic pain populations. While the use of psychological testing can prove beneficial for patients being treated for chronic pain, the records submitted for review indicate that the employee had recently had a psychological evaluation in March of 2013. In addition, the employee also had a psychiatry evaluation on 10/16/2012. The request as written is for a psychological evaluation; however, secondary to the employee's recent psychological and psychiatry evaluation noted in the records submitted for review, further evaluation is not indicated at this time. **The request for psychological consultation 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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