

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	8/29/2005
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007664

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 12 visits for cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 12 visits for cervical 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 a Licensed Chiropractor and Licensed in 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 56 year old male technician who sustained a work related injury in 2005. His diagnoses are cervical disc dengerantion and cervical disc displacement. He has bilateral neck pain radiating to the upper extremity. The patient has had 12 prior acupuncture sessions in the cervical spine and 24 in the lumbar spine. He has had prior surgery in the lumbar spine in August of 2012 and 12 session of acupuncture from this year. Patient found acupuncture effective in reducing the pain and spasm in his low back. No functional improvement was documented regarding the 12 sessions by the acupuncturist or the primary treating physician.

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 12 visits for cervical 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/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

According to guidelines, further acupuncture visits after an initial trial is only recommended with documented functional improvement. The employee has had a total of 36 prior acupuncture sessions and 12 within the last year for his cervical and/or and lumbar spine. Although the primary treating physician and the treating acupuncturist documented that the pain level for the employee decreased during the last set of acupuncture, there was no documentation of any improvement of work functions, activities of daily living, physical impairments, or a decreased dependence on medications. Functional improvement is the measurement used to determine clinical necessity and not pain scales. **The request for acupuncture 12 visits for cervical 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

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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.