

Independent Medical Review Final Determination Letter

2542

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

IMR Case Number:	CM13-0021982	Date of Injury:	04/21/2012
Claims Number:	[REDACTED]	UR Denial Date:	09/09/2013
Priority:	STANDARD	Application Received:	09/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
ACUPUNCTURE X 6 SESSIONS			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic & 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is 67 year old female who was involved in a work related injury on 4/21/2013. She has chronic neck/right arm/ left shoulder/ left knee pain due to degenerative spondylosis of the cervical spine and osteoarthritis/ soft tissue injury. Exacerbating factors are physical activity, weather, pressure, and light touch. The patient has extreme sensitivity to analgesic medications. Her diagnoses are degenerative cervical spondylosis, myofascial pain syndrome, and pain disorder with psychological/general medical condition. She has had two injuries, 3/14/09 and cumulative trauma up to 8/1/2010. Prior treatment has included physical therapy and oral medications. An EMG shows that there are mild abnormalities in the right C5-C6 distribution.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Acupuncture six sessions is medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to evidence based guidelines, an initial trial of acupuncture is warranted for chronic pain. Claimant has had chronic pain and also has a sensitivity to medication. An initial trial of six treatments is medically necessary. It does not appear that the claimant has had acupuncture in the past. Further treatments after the initial trial will be based on documented functional improvement. Acupuncture may be extended if functional improvement is documented. Functional improvement is a improvement in activities of daily living or a reduction of work restrictions.

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.

[REDACTED]

CM13-0021982