

Case Number:	CM13-0003641		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2012
Decision Date:	04/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 36 year-old male who was injured on June 6, 2012. He has been diagnosed with a lumbar sprain/strain. According to the May 9, 2013 report from [REDACTED] (general surgery), the patient presents with 5/10 low back pain. On exam, there was slight (10-degree) decrease in lumbar flexion, No tenderness to palpation, and negative straight-leg-raise (SLR). The plan was for pain management consult; chiropractic, physical therapy, and acupuncture; a urine drug test, and prescription for Anaprox, Motrin and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, ONCE A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the May 9, 2013 report from [REDACTED] (general surgery), the patient presents with 5/10 low back pain. The California MTUS guidelines state that if acupuncture is going to be of benefit, there should be some evidence of functional improvement within 3-6 sessions. The California MTUS guidelines also state that if there is documentation of

functional improvement, acupuncture can be extended. The records show acupuncture visits from March 7, 2013-March 14, 13. The March 21, 2013 and May 9, 2013 reports do not discuss efficacy of acupuncture. There is no documentation of functional improvement with prior acupuncture. The request for continued acupuncture without documented functional improvement is not in accordance with MTUS/Acupuncture guidelines.

CHIROPRACTIC TREATMENT, TWICE A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 30, 58.

Decision rationale: According to the May 9, 2013 report from [REDACTED] (general surgery), the patient presents with 5/10 low back pain. The California MTUS guidelines allow for a trial of chiropractic care, 6-visits for lower back complaints. However, the request is for eight sessions of chiropractic treatment which exceeds the MTUS recommendations for a trial of 6 sessions for the lower back. The request is not in accordance with MTUS guidelines and is non-certified.

URINALYSIS TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: According to the May 9, 2013 report from [REDACTED] (general surgery), the patient presents with 5/10 low back pain. The patient was only taking Anaprox, Motrin and pantoprazole and a urine drug test (UDT) was ordered. The prior UDT was on the prior visit of March 21, 2013. The California MTUS guidelines allow for testing for illegal drugs. However the California MTUS does not specifically discuss the frequency that UDT should be performed. The ODG is more specific on the topic and states the patients at "low risk" of addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. The request for a UDT is not in accordance with the frequency listed under ODG guidelines.

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Independent Medical Examinations and Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: According to the May 9, 2013 report from [REDACTED] (general surgery), the patient presents with 5/10 low back pain. The patient was only taking Anaprox, Motrin and pantoprazole. [REDACTED] requested a pain management consultation. The American College of Occupational and Environmental Medicine (ACOEM) states that a referral can be made to other specialists when the plan or course of care may benefit from additional expertise. The patient does not appear to be taking any analgesic pain medication stronger than the NSAIDs. The pain management consultation may provide treatment options to move the case forward. The request appears to be in accordance with the ACOEM guidelines.