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| <b>Case Number:</b>   | CM13-0027720 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 09/03/2012 |
| <b>Decision Date:</b> | 02/19/2014   | <b>UR Denial Date:</b>       | 09/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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. 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:

The patient is a 30-year-old injured worker who was injured on September 3, 2012. The patient was in a tunnel and fell approximately 4 feet injuring his lumbosacral spine and right rib cage. The patient complained of persistent mild mid back pain and mild right rib pain. Diagnosis was myofascitis of the lumbar and thoracic spine and right rib cage pain. Physical examination showed tenderness to palpation of the right ribs and parathoracic spine. There are no documented sensory or motor deficiencies. The patient was treated with acupuncture, hot packs, and medications. Requests for authorization for 1 single positional MRI of the thoracic spine, shockwave therapy for the right thoracic spine once weekly for 6 weeks, acupuncture once weekly for 6 weeks, and urine drug testing were submitted on August 29, 2013.

### 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 six weeks for the thoracic spine:** 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 Acupuncture Medical Treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical

rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. "In this case the acupuncture was first ordered in April 2013. The patient continued with treatments throughout July 2013. There is documentation that the patient felt better but functional improvement was not defined. The course of therapy was extended beyond the recommended optimum duration of 1-2 months. Clinical improvement is not apparent and the extension of the acupuncture treatments is not recommended.

**Urine testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. There was no documentation of addiction or aberrant behavior for this patient. The patient had had 3 negative urinary drug tests between March 2013 and June 2013. There is no indication for repeat urinary drug testing. The request for urine testing is not medically necessary and appropriate.

