

Case Number:	CM13-0029703		
Date Assigned:	11/27/2013	Date of Injury:	07/17/2009
Decision Date:	11/03/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Rehabilitation 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 59-year-old male with a 7/17/09 date of injury. A specific mechanism of injury was not described. According to a handwritten and largely illegible progress report dated 6/12/13, the patient complained of increased pain in his back radiating to both legs associated with occasional numbness and tingling. He also reported pain in the right elbow with some right hand numbness and tingling. His medication regimen consisted of Naprosyn, Omeprazole, Neurontin, Zanaflex, and Dendracin ointment. Objective findings: positive Tinell's, decreased strength /reflexes of bilateral upper extremities, decreased range of motion of back in all planes, spasm of bilateral paraspinal muscles, tenderness at bilateral medial/lateral epicondyle. Diagnostic impression: myofascial pain syndrome, lumbar spine strain, right lateral/medial epicondylitis, lumbosacral radiculopathy. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 9/20/13 denied the requests for retrospective urine screen (DOS 9/11/13) and 8 sessions of acupuncture. Regarding urine drug screen, it is noted that an in-office urine drug screen is performed every 3 months. Without documentation indicating that claimant is at anything other than minimal risk for medication misuse, medical necessity for retrospective urine screen is not established. Regarding acupuncture, there is limited documentation of significant functional improvements as well as decreased medication intake as a result of the previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug screen performed on 9/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Drug Testing, , Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there is no documentation that the patient's medication regimen consisted of opioid medications. There is no documentation that the patient has exhibited aberrant behaviors. A specific rationale as to why this patient requires urine drug screening was not provided. Therefore, the request for A urine drug screen performed on 9/11/13 was not medically necessary.

Acupuncture (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics; 9792.24.1 Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, in the present case, it is noted that the patient has had prior acupuncture treatment. It is unclear how many sessions he has had previously. There is no documentation of functional improvement or gains in activities of daily living from the prior acupuncture sessions. There is no documentation that acupuncture treatment has allowed the patient a decrease in his medication usage. Therefore, the request for Acupuncture (8 sessions) was not medically necessary.