MAXIMUS Federal Services

Case Number:	CM13-0030594		
Date Assigned:	11/27/2013	Date of Injury:	11/29/2007
Decision Date:	02/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 55-year-old male who reported injury on 11/29/2007. The mechanism of injury was not provided. The patient was noted to have a failed cervical fusion at 2 levels. The patient was noted to have a flare-up of pain, for which the physician was prescribing electro acupuncture treatments which were noted to have helped in the past in decreasing pain and discomfort and improving function. The patient was noted to have decreased cervical range of motion and motor strength of 5/5. There was noted to be a positive Tinel's and Phalen's test of the wrist and hand. There was noted to be decreased light touch sensation in the upper extremity. The diagnoses were noted to include cervical disc injury, failed cervical fusion 2 level, neck pain syndrome, carpal tunnel syndrome, cervical sprain/strain injury, right C7-8 cervical radiculopathy, and a flare-up of neck pain. The request was made for electro acupuncture 2 times a week for 6 weeks and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient was taking Opana and Norco and Lidoderm patches, as well as Valium. However, there was lack of documentation indicating that the patient had issues of abuse, addiction, or poor pain control. Given the above, the request for random urine drug screen (UDS) is not medically necessary.

Electro acupuncture two (2) times per week for six (6) weeks with infrared and myofascial release to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. The time to produce functional improvement is 3 treatments to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. California MTUS Guidelines do not recommend infrared therapy. Additionally, they recommend massage therapy limited to 6 visits. The clinical documentation submitted for review indicated the patient had prior treatments with electro therapy. However, it failed to provide the number of treatments. Additionally, it failed to provide the objective functional improvement. Additionally, documentation failed to indicate it was being used when the patient's pain medication was reduced and that it would be as an adjunct to physical rehabilitation. Given the above, the request for electro acupuncture 2 times a week for 6 weeks with infrared and myofascial release to the cervical spine is not medically necessary.