

Case Number:	CM13-0040195		
Date Assigned:	12/20/2013	Date of Injury:	09/03/2012
Decision Date:	03/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 30 year-old with a date of injury of 09/03/12. The injury was to the rib cage. A progress report included by [REDACTED], dated 06/04/13, indicated the patient was on Tramadol and a urine drug screen was performed on 06/07/13. On 10/18/13, [REDACTED] noted subjective complaints of rib pain that increased with activities. Objective findings are not legible. A treatment request was made for additional acupuncture. There is no mention of functional improvement related to prior acupuncture therapy. It appears that acupuncture began in November 2012 with one treatment per week for six weeks. An acupuncture report on 04/08/13 noted slower than expected improvement and the plan for one treatment a week for four weeks. An 08/14/13 report by the acupuncturist notes 40% improvement in pain. Request was for six more treatments. A Utilization Review determination was rendered on 10/21/13 recommending non-certification of "1 urine testing and continue Acupuncture 1x6 for Thoracic spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) continue Acupuncture 1x6 for Thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further states that 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. The frequency and duration of acupuncture is listed as: - Time to produce functional improvement: 3 to 6 treatments. - Frequency: 1 to 3 times per week. - Optimum duration: 1 to 2 months. It is noted that acupuncture treatments may be extended if functional improvement is documented. In this case, the optimum duration of acupuncture has been exceeded. The medical record does not document adequate functional improvement to extend the treatments. Therefore, there is no documented medical necessity for additional acupuncture as requested.

One (1) urine testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain, Urine Drug Testing. Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: This patient is on chronic opioid therapy. The California Medical treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. The documentation implies that this patient is low risk and there is documentation of a urine drug screen on 06/06/13. Therefore, necessity is not met for 1 urine drug screen.