

Case Number:	CM13-0047523		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2005
Decision Date:	02/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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: Anesthesiologist, Pain 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:

The patient is a 31-year-old female who reported an injury on 07/10/2005. The patient is diagnosed with bipolar disorder, abnormality of gait, morbid obesity, COAT, tarsal tunnel syndrome, unspecified disorder of the synovium/tendon/bursa, pain in the joint involving the ankle and foot, sleep disturbance, reflex sympathetic dystrophy in the lower limb, chronic pain, plantar fasciitis, depression/anxiety, contraction of tendon sheath, split tear of the left peroneal brevis tendon, injury to the posterior tibial nerve, tarsal tunnel release, and chronic pain syndrome. The patient was seen by [REDACTED] on 06/26/2013. Physical examination revealed normal findings. Treatment recommendations included continuation of H-Wave stimulation, continuation of acupuncture treatment, continuation of current medications, a urine drug screen, and routine labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77, 89, 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 8 years ago to date, and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request for urinalysis is non-certified.

Thyroid stimulating hormone: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on November 1, 2011

Decision rationale: A thyroid stimulating hormone test is often the test of choice for evaluating thyroid function and/or symptoms of hyperthyroidism or hypothyroidism. As per the documentation submitted, the patient does not demonstrate signs or symptoms of hyperthyroidism or hypothyroidism. There is no mention of the patient having a history of thyroid problems. The medical necessity has not been established. Therefore, the request for Thyroid stimulating hormone is non-certified.

Aspirin 81 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The California MTUS Guidelines state non-prescription medications such as acetaminophen, NSAIDs, and aspirin are recommended with caution. As per the clinical documentation submitted, the patient is currently utilizing Celebrex. Therefore, it is unclear as to why the patient is also utilizing aspirin 81 mg. As the medical necessity has not been established, the request for aspirin 81 mg is non-certified.

EIA-9: 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 Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, and Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 8 years ago to date, and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request for EIA-9 is non-certified.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. The patient has previously completed a course of acupuncture treatment. Documentation of significant functional improvement following the initial course of treatment was not provided for review. The patient is currently utilizing a home exercise program. The medical necessity for additional acupuncture sessions has not been established. As such, the request for acupuncture is non-certified.