

Case Number:	CM13-0048136		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2008
Decision Date:	02/25/2014	UR Denial Date:	10/29/2013
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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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 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 69 year old female who sustained an injury on 9/4/08. Due to this injury, she has related back, shoulder, and leg pain. Her diagnoses include backache (unspecified), and radiculopathy with lower extremity symptoms. An MRI of the right shoulder dated 11/16/12 showed full thickness bursal sided tear of the distal supraspinatus tendon with effusion. She has undergone about 12 sessions of acupuncture with good effect. She received a steroid injection without relief. She has completed in-house physical therapy, and is stretching daily at home. She is currently taking Advil and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture twice a week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, "(c) 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; (d) Acupuncture treatments may be extended if

functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is either a clinically significant improvement in activities of daily living, or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. Per progress note dated 12/26/13, the injured worker states that after lumbar acupuncture she was able to stand for 20 minutes (up from 10 minutes) without acupuncture. While undergoing acupuncture she was able to discontinue her use of Celebrex; in the absence of acupuncture she has restarted it. Additionally, she has been able to garden longer, go to a restaurant, and has been able to empty the dishwasher. In light of these functional improvements, further acupuncture treatment is warranted. The request is medically necessary.

two urine drug screens: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control" is an action relevant to the on-going management of opioids. Per a note dated 12/26/13, the injured worker was only utilizing Advil and Celebrex. The documentation submitted for review do not support the medical necessity for urine drug screening since the patient is not taking opioids. The request is not medically necessary.