

<b>Case Number:</b>	CM13-0048546		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 7/9/02. A utilization review determination dated 10/30/13 recommends non-certification of electro-acupuncture and random urine drug screening. A progress report dated 10/1/13 identifies subjective complaints including pain and discomfort involving low back and leg, increased recently. Objective examination findings identify decreased lumbosacral ROM and positive straight leg raising. Diagnoses include lumbosacral disc injury, lumbosacral discectomy with laminectomy, lumbosacral sprain/strain injury, lumbosacral radiculopathy, and flare-up of low back pain. Treatment plan recommends electro-acupuncture treatment when the patient noticed functional improvement with prior treatment with more mobility, strength, flexibility, and was able to sleep better. Random urine drug screening testing was also recommended; with a notation that ACOEM recommends 2-4 tests a year on page 228 of the ACOEM Practice Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture of unspecified frequency and duration for lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for electro-acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of functional improvement with prior electro-acupuncture treatment with more mobility, strength, flexibility, and improved sleep. However, the number of sessions previously utilized is not documented, there is no current request for a specific number of sessions, and there is no provision to modify the request to a supported frequency and duration of treatment. In light of the above issues, the currently requested electro-acupuncture is not medically necessary.

**Random urine drug screening QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding Pain - Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**Decision rationale:** Regarding the request for random urine drug screen, California MTUS does support its use for patients utilizing chronic opioid therapy, but makes no recommendations regarding a specific frequency. Within the documentation available for review, the provider references ACOEM Practice Guidelines page 228 as supportive of 2-4 tests per year. However, this page/reference does not appear to be included in the California MTUS supported sections of the ACOEM 2nd Edition Occupational Medicine Practice Guidelines and page 228 appears to discuss elbow injuries, with no mention of drug testing. ODG supports urine drug testing for low risk patients approximately once a year, and the documentation does not identify greater than a low risk of diversion, nor does it identify a specific rationale for the requested frequency other than that mentioned above. In light of the above issues, the currently requested random urine drug screen is not medically necessary.