

Case Number:	CM13-0049326		
Date Assigned:	12/27/2013	Date of Injury:	02/09/1983
Decision Date:	02/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Interventional Spine 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 68-year-old male with date of injury on 02/09/1983. The progress report dated 10/09/2013 by [REDACTED] indicates that the patient's diagnoses include: failed back surgery syndrome, right L4 radiculopathy with right lower limb weakness, central L4-L5 focal disk protrusion measuring 4 mm causing mild to moderate stenosis, central L3-L4 disk protrusion, central L2-L3 disk protrusion with annular disk tear, lumbar facet joint arthropathy bilaterally L4-L5 facet joints, lumbar post laminectomy syndrome, lumbar degenerative disk disease, lumbar sprain/strain, right knee derangement, right knee irregular sclerosis in the distal femur, right knee joint space narrowing, right knee osteophytes projecting from the tibial spine and medial tibial plateau, right knee osseous protuberance. The patient continues with chronic low back pain and bilateral radicular symptoms into the lower extremities, right side greater than left. It was noted the patient had reported a 70% improvement with his low back pain and lower extremity pain with acupuncture and has reduced the amount of medication he uses due to the acupuncture. Exam findings include: Restricted lumbar range of motion as well as right knee range of motion. Lumbar discogenic and right knee provocative maneuvers were positive. The request was made for additional 8 sessions of acupuncture therapy. A urine drug screen was also obtained. The utilization review letter dated 10/24/2013 denied the acupuncture as well as the random urine drug screen. In addition, utilization reviewer denied medication of Arthrotec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient appears to have chronic low back pain with radicular symptoms into the bilateral lower extremities which the patient has reported a 70% improvement in overall pain and as well as decreased medication use due to the acupuncture. The acupuncture and medical treatment guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20 which states that functional improvement means either a clinically significant improvement in activities of daily living or reduction in work restrictions as mentioned during the history and physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment. Frequency of visits may be 1 to 3 times per week for 1 to 2 months. The requested 8 sessions of acupuncture appeared to be reasonable and within the guideline recommendations. Therefore, authorization is recommended.

Arthrotec 75 mg #450: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient continues with chronic low back pain. The California Chronic Pain Medical Treatment Guidelines, page 22 regarding anti-inflammatory medications state that anti-inflammatory are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume. The above medication appears to be indicated and supported by MTUS Guidelines. Therefore, authorization is recommended.

Retrospective in office random 12 panel urine drug screen DOS: 10/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The progress report dated 11/06/2013 by [REDACTED] indicates that the urine drug screen that was performed on 10/09/2013 was the second urine drug screen performed in 2013. He states that MTUS is in support of 2 urine drug screens a year. Progress reports dated back as far as 02/13/2013 indicate the patient has been on opioid medication for a long period of

time for his chronic pain issues. MTUS Guidelines recommend frequent random urine toxicology screens for high risk patients. However, MTUS is silent on the frequency of urine drug screens for low to moderate risk patients. Therefore, the Official Disability Guidelines (ODG) was reviewed. The ODG Guidelines recommend that the level of risk should be determined for patients who are taking opioid medication. For low-risk patients, they recommend 1 urine drug screen within the first 6 months and 1 urine drug screen yearly thereafter. It appears this patient has been on narcotic medication for over a year. The treating provider does not provide any documentation that would indicate the patient is greater than a low-risk patient. Therefore, the request for the second urine drug screen in 2013 does not appear to be reasonable or supported by the guidelines noted above without indication that the patient is greater than a low-risk patient. Therefore, recommendation is for denial.