MAXIMUS Federal Services

Case Number:	CM13-0055408		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2008
Decision Date:	05/09/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 44-year-old female with a date of injury of 05/09/2008. The listed diagnoses per [redacted] are: 1. Myofascial pain syndrome. 2. Cervical spine strain. 3. Rotator cuff syndrome. 4. Cervical radiculopathy. According to report dated 11/05/2013 by [redacted], the patient continues to have pain in the Cspine, left shoulder, and occasional numbness in the left hand. The treater notes the patient has finished acupuncture in October 2013. Physical examination revealed positive in left Spurling and decreased sensation in the left hand. Left shoulder range of motion is decreased in all planes. Current medications include omeprazole 20 mg, Neurontin 600 mg, Zanaflex 4 mg, and Celebrex 200 mg. Recommendation is for second round of acupuncture as patient has a Final Determination Letter for IMR Case Number [redacted] decreased pain to 2/10. Supplemental report from 08/13/2013 by [redacted] reports the patient had a urine sample taken on this date that tested negative. There was another UDS on 05/21/2013 that was also consistent with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient continues to have pain in the C-spine, left shoulder, and occasional numbness in the left hand. The treater is requesting a urine drug screen. Utilization review denied the request on 11/13/2013. The treater in his appeal from 11/14/2013 states, "The patient has been on various narcotics but is willing to be managed without pain medications at this time. Hence, it is entirely appropriate to test her urine for the presence in these narcotics especially when her treatment with acupuncture has not been consistent." While MTUS Guidelines does not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provides clear recommendation. It recommends once yearly urine screen following initial screen within the first 6 months for management of chronic opiate use in low-risk patients. In this case, the treater is requesting a UDS even though the patient is not on any narcotics to "test her urine for the presence of narcotics." It is unclear why the treater is requesting multiple UDS when the patient is not on any opiates. Furthermore, medical records indicate the treater administered UDS on 08/13/2013 and 05/21/2013, which were both consistent with the medications prescribed. Recommendation is for denial.

8 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture For Neck And Low Back Pain.

Decision rationale: This patient continues to have pain in the C-spine, left shoulder, and occasional numbness in the left hand. The treater is requesting "a second round of acupuncture." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The reports provided for review from 03/05/2013 to 11/05/2013 do not provide any documentation of the exact number of treatments the patient has received. The treater does note the patient Final Determination Letter for IMR Case Number [redacted] finished a course in October 2013. Given that the patient had prior acupuncture treatments with no documentation of functional improvement, the requested additional 8 sessions is not warranted. Recommendation is for denial.