

Case Number:	CM13-0066965		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2013
Decision Date:	05/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology; has a subspecialty in 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 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 injured worker is a 66-year-old female who reported an injury on June 09, 2013. The mechanism of injury involved heavy lifting. Current diagnoses include sprain and strain of the lower back and sprain and strain of the neck. The injured worker was evaluated on June 25, 2013. The injured worker reported 8/10 neck and back pain. Physical examination revealed mild to moderate tenderness to palpation, full range of motion of the cervical spine, bilateral thoracolumbar paravertebral muscle spasm with tenderness to palpation, limited lumbar range of motion, and negative straight leg raising. Recommendations included physical therapy as well as x-rays of the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS, FOR CERVICAL SPINE: 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. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture treatment exceeds guideline recommendations. There is also no documentation of objective functional improvement following an initial course of acupuncture treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

NEUROSURGEON CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultation regarding referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation submitted, the injured worker's physical examination revealed intact sensation and negative straight leg raising with a normal gait. There was no documentation of a significant neurological deficit. There is also no mention of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is non-certified.

DNA TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: The California MTUS Guidelines state that DNA testing for pain is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

AN X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for

serious spinal pathology, even if the pain has persisted for at least 6 weeks. There was no documentation of any red flags for serious spinal pathology. The injured worker's physical examination of the lumbar spine only revealed limited range of motion. The injured worker demonstrated intact sensation, normal reflexes, negative straight leg raising, and a normal gait. There was no mention of an attempt at conservative treatment prior to the completion of x-rays. Based on the clinical information received, the request is non-certified.

TOXICOLOGY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, 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. There is no indication of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.