

<b>Case Number:</b>	CM14-0000228		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 and Rehabilitation and Pain Management, 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 37-year-old female with a date of injury of 04/05/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar spine HNP. 2. Lumbar radiculopathy. 3. Bilateral knee sprain/strain. 4. Sleep disorder. According to progress report 11/03/2013, the patient presents with burning, radicular low back pain that radiates into the bilateral legs and knees. She also complains of bilateral knee pain. Examination of the lumbar spine revealed tenderness to palpation at the spinous processes L5-S1 and at the bilateral PSIS. There are trigger points noted throughout the lumbar spine. Range of motion was decreased on all planes. There was a positive straight leg raise, Kemp's test, and sitting root test bilaterally. Examination of the bilateral knee revealed 1+ effusion and crepitus noted with motion. There was also tenderness at the patellofemoral joint. The treater recommends the patient "continue with a course of acupuncture treatment for the lumbar spine and the bilateral knee and the frequency of 3 times per week for 6 weeks." He also recommended physical therapy 2 times per week for 4 weeks and "periodic UA toxicology evaluation." Utilization review denied the request on 12/03/2013. Treatment reports from 06/28/2013 through 11/03/2013 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodic UA toxicology evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testings Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , ODG Guidelines under its pain chapter, Urine Drug screen

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting "periodic UA toxicology evaluation." Utilization review denied the request stating "the screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidenced-based guidelines." While MTUS Guidelines page 43 on Drug testings, do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines under its pain chapter, Urine Drug screen (UDS) provides a clear recommendation. ODG recommends once-yearly urine drug testing following initial screening within the first 6 months for management of chronic opiate use in low-risk patients. In this case, review of the medical file indicates that the patient underwent urine drug screenings on 08/27/2013 and 10/29/2013. The current request is for periodic UDS's, but this request cannot be considered as it is not time-limited. Once yearly UDS's may be appropriate if the patient is on any opiates and if the patient is a low-risk. However, such discussions are not provided and "periodic" cannot be defined. The request is not medically necessary and appropriate.

**Acupuncture 3 sessions per week for 6 weeks (18 sessions total) in treatment of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines recommends acupuncture for pain Page(s): 8.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting continuation of acupuncture treatment at 3 sessions per week for 6 weeks for a total of 18 sessions and the treatment of the lumbar spine. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. In this case, there is no discussion regarding acupuncture treatment history and whether or not the patient experienced functional improvement. The treating physician wants the patient to continue acupuncture but there is no documentation of functional benefit from prior treatments. MTUS require functional improvement defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. None of these are documented. The request is not medically necessary and appropriate.

**Physical therapy 2 sessions per week for 4 weeks (8 sessions total), in treatment of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines myalgia, myositistype Page(s): 98-99.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting physical therapy 2 times a week for 4 weeks, a total of 8 sessions and the treatment of the lumbar spine. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositistype symptoms 9 to 10 sessions over 8 weeks. Treatment reports from 06/20/2013 through 11/03/2013 do not indicate physical therapy treatment history. Utilization review states that the patient was authorized for 8 physical therapy sessions back on 04/05/2013. The treating physician does not discuss progression or lack of progression towards goals from these prior sessions. In addition, the treating physician's request for 8 physical therapy sessions with the 8 already authorized exceeds what is recommended by MTUS. The request is not medically necessary and appropriate.