

Case Number:	CM14-0107040		
Date Assigned:	08/01/2014	Date of Injury:	11/12/2012
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 54-year-old female with a reported date of injury on 11/12/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post pelvic fracture, spondylosis lumbar spine with advanced disc degeneration L5-S1, left sided disc protrusion with degeneration, annular tear L2-3, and myofascial pain syndrome. The progress note dated 05/15/2014 revealed the injured worker had acupuncture and seemed to have done somewhat better. The injured worker complained of pain starting in her low back and along the posterior hip. The physical examination revealed tenderness at the lumbosacral junction as well as at the superior iliac crest, more on the right than the left. The neurological status was intact. The progress note dated 05/22/2014 revealed the injured worker complained of pain rated 6/10 and reported her back felt worse at the end of each day. The injured worker also complained of neck and shoulder tension and it was fairly constant and worse with stress. The provider indicated the injured worker had persistent pain and recommended of her to undergo an injection for her lower back. The request for authorization form was not submitted within the medical records. The request was for acupuncture 1 times 6 and a urine drug screen; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 1 x 6 is not medically necessary. The injured worker has completed 8 sessions of acupuncture therapy. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medications are reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture could be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation, in an anxious patient, and reduce muscle spasms. The guidelines state time to produce functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement with previous acupuncture therapy sessions. The injured worker's pain scale has been rating 6/10 to 7/10 throughout treatment and there is a lack of documentation with objective functional gains. Therefore, the request is not medically necessary.

Urinary drug screening: Upheld

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

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

Decision rationale: The request for a Urinary drug screening is not medically necessary. The injured worker has taken opioids in the past; however, there is a lack of documentation regarding current opioid therapy. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option to assess for the use or presence of illegal drugs. There is a lack of documentation regarding current opioid use and the documentation from the acupuncturist reports opioids back from 10/2013. Additionally, the previous urine drug screen performed was not submitted within the medical records and therefore, there is no documentation regarding when the last drug screen was performed. Therefore, the request is not medically necessary.