

Case Number:	CM14-0107743		
Date Assigned:	08/04/2014	Date of Injury:	02/10/2010
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 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:

This 59 year old patient had a date of injury on 2/10/2010. The mechanism of injury was not noted. In a progress noted dated 6/10/2014, subjective findings included complains of L/S pain with radiation to bilateral feet. Increased pain sitting/standing. Decreased pain with prescriptions, physical therapy. On a physical exam dated 6/10/2014, objective findings included spasms, awkward gait, decreased cervical range of motion. Diagnostic impression shows C/S MLDP, L/S MLDP, rSH RCT. Treatment to date: medication therapy, behavioral modification, acupuncture, ESWTA UR decision dated 7/10/2014 denied the request for additional acupuncture #8, stating no functional improvement with acupuncture has been documented, and the patient has had an unspecified amount of acupuncture sessions for pain in multiple body parts. Shock wave therapy(lumbar) #8 was denied, stating ODG does not recommend shock wave therapy for treating back pain due to lack of evidence of efficacy, and patient has already had a number of treatments with no documentation of functional improvement. Urine drug screen #8 was denied, stating that there was no report of substance abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the reports viewed, and in the latest progress report dated 6/10/2014, the number of previous acupuncture visits this patient has had was unclear. Furthermore, guidelines recommend an initial treatment of 3-6 treatments to produce functional benefit, and there was no documented functional benefit from previous acupuncture visits discussed in the reports viewed. Therefore, the request for additional acupuncture x8 is not medically necessary.

Shock Wave Therapy, Lumbar, QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: ODG states that shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In the reports viewed, and in the latest progress report dated 6/10/2014, there was no documentation establish compelling circumstances identifying why ESWT for the low back unit be required despite adverse evidence. Furthermore, there was no documented functional benefit noted with previous shockwave treatments. Therefore, the request for shock wave therapy(lumbar)# 8 is not medically necessary.

Urine Drug SScreen QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-238.

Decision rationale: CA MTUS 9792.24.2. Chronic Pain Medical Treatment Guidelines: ACOEM Guidelines for the Chronic Use of Opioids states on Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In the reports viewed, there was no documentation of aberrant drug behavior from the patient. Furthermore, guidelines support up to 4 random drug screens/year, and no rationale was provided why 8 screens need to be completed. Therefore, the request for urine drug screens #8 is not medically necessary.