

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0017963 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 07/24/2003 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 Orthopedic Surgery, 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 injured employee is a 56-year-old gentleman who states he sustained a work related injury on July 24, 2003. The most recent note available in the medical record for review is dated May 2, 2014. On this date, the injured employee complained of persistent neck and back pain. Difficulty sleeping was reported. Previous prescriptions of Zanaflex and Edloar were reported to not have been effective. The physical examination on this date noted posterior cervical tenderness and a positive Spurling's test bilaterally. There was decreased cervical range of motion and global hypoesthesia in the left upper extremity. There were diagnoses of cervical post laminectomy pain syndrome due to a history of C5-C6 anterior fusion, C5-C6 hardware removal, C4-C5 and C6-C7 anterior discectomy and fusion, history of pseudoarthrosis and hardware failure status post C4 through C7 posterior fusion, residual myelopathy and residual myelopathy. There were also diagnoses of status post lumbar laminectomy for right lumbar radiculopathy, major depressive disorder and severe sleep disorder. There were prescriptions written for Ambien, Zanaflex and Lyrica. A previous utilization review, dated February 4, 2014, partially certified acupuncture sessions to the lumbar spine and denied a six panel urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS, LUMBAR SPINE QTY: 12.00: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), Acupuncture, updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. However, treatment rendered is recommended for an Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 8-12 visits over 4-6 weeks is recommended. Therefore, this request for acupuncture of the lumbar spine is not medically necessary.

SIX PANEL URINE DRUG TESTING, QTY : 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/8/2009, Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Urine drug testing is recommended for individuals taking opioid medication to assess compliance and assessment of presence of illegal drug usage. According to the most recent medical record, the injured employee is not taking any opioid medications nor did the provider state any concern regarding the use of illegal drugs. For these reasons, this request for a six panel urine drug screen is not medically necessary and appropriate.