

<b>Case Number:</b>	CM14-0019545		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/11/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 records presented for review indicate that this 57-year-old female was reportedly injured on March 11, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 4, 2014, indicates that there are ongoing complaints of cervical spine pain and right shoulder pain with occasional numbness to the right hand. Current medications are stated to be beneficial. There was a complaint of acute spasms in the right trapezial region. The physical examination demonstrated a positive Spurling's test to the right. There was decreased right shoulder and cervical spine range of motion. There was a positive right shoulder impingement test and spasms of the trapezius. Acupuncture and a urine drug screen were recommended. Previous treatment includes physical therapy. A request had been made for a urine drug screen and acupuncture twice a week for four weeks for the cervical spine and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** 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 On-going management, Criteria for use of opioids Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Specifically support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

**ACUPUNCTURE, 2 TIMES A WEEK FOR 4 WEEKS, TO THE CERVICAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 13.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, acupuncture can be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation or the postoperative setting to hasten functional recovery. The attach medical record does not document any of these conditions. Furthermore, the rebuttal by a treating physican regarding acupuncture, dated February 13, 2014, does not address the treatment for acupuncture whatsoever. For these reasons this request for acupuncture two times a week for four weeks for the cervical spine is not medically necessary.