

<b>Case Number:</b>	CM14-0129113		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 31-year-old woman with a date of injury of 09/06/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician notes dated 06/27/2014 indicated the worker was experiencing pain, stiffness, heaviness, and weakness in the neck that also involved both arms. Documented examinations consistently described no bruising, swelling, muscle loss, or lesions involving the neck/upper back or arms. The submitted and reviewed documentation concluded the worker was suffering from strain and sprain of the neck/upper back, both shoulders, both wrists, and right elbow. Treatment recommendations included oral and topical pain medications, acupuncture, and urinary drug screen testing. A Utilization Review decision was rendered on 07/15/2014 recommending non-certification for a urinary toxicology screen and for twelve sessions of acupuncture for right shoulder, neck, and mid-back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 sessions; right shoulder, neck, mid back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain, stiffness, heaviness, and weakness in the neck that also involved both arms. The recorded assessment did not suggest the worker had muscle spasms, anxiety, or nausea from the recommended medications. There was no discussion describing the individualized goals of this treatment or supporting a number of treatments beyond that supported by the Guidelines. In the absence of such evidence, the current request for twelve sessions of acupuncture for right shoulder, neck, and mid-back pain is not medically necessary.

**Urine Toxicology 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 Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80;94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker's pain management included the use of oral and topical medications but did not mention the use of oral opioids or other controlled medications. There was no mention of a possible future trial of such medication. The MTUS Guidelines encourage pain management plans be individualized to meet the unique needs for each worker. There is no evidence in the literature to support the use of urinary drug screen testing for workers with pain who are not being treated with controlled medications and are not being considered for a trial of this treatment. In the absence of such evidence, the current request for a urinary toxicology screen is not medically necessary.