

Case Number:	CM14-0154956		
Date Assigned:	09/25/2014	Date of Injury:	08/20/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The patient is a 50-year-old male who has submitted a claim for thoracic spine kyphosis, lumbar spine anterior subluxation, and left groin and abdominal pain; associated with an industrial injury date of August 20, 2013. Medical records from 2014 were reviewed and showed that patient complained of thoracic and lumbar spine pain graded 5/10 and 8/10, respectively, and left groin and right abdominal pain. Physical examination showed lumbar spine paraspinal muscle tenderness. Limited range of motion of the lumbar spine was noted. Kemp's test was positive bilaterally. Ultrasound examination was negative for hernia. Official report of the imaging study was not provided for review. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated September 2, 2014, modified the request for acupuncture to allow a trial of 6 sessions; modified the request for chromatography - urine drug test because the patient was at a minimal risk of medication misuse; and denied the request for surgical initial consultation because there were limited findings on exam and diagnostics to suggest a hernia; and denied the request for high complexity codes because the request for surgical consultation was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can 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 spasm. According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture is 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. In this case, the patient complains of thoracic and lumbar spine pain, and left groin and right abdominal pain. The medical records submitted for review showed that the patient has had 12 sessions of acupuncture. However, there is no objective evidence of functional improvement derived from its use. Moreover, there is no evidence of ongoing physical rehabilitation. As stated above, acupuncture may be used as an adjunct and not an alternative to physical rehabilitation. Lastly, the present request as submitted failed to specify the body part to be treated as well as the frequency and duration of treatment. Therefore, the request for acupuncture is not medically necessary or appropriate.

Chromatography-urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Procedure Summary last updated 7/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient complained of thoracic and lumbar spine pain, left groin and right abdominal pain. However, there was no evidence that the patient was at risk for aberrant drug use behavior that may warrant drug testing, and there is no given rationale for chromatography drug testing. Lastly, the present request as submitted failed to specify the drugs to be tested. Therefore, the request for chromatography - urine drug test is not medically necessary or appropriate.

Surgical initial consultation Initial high complexity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, hernia procedure Summary last updated 2/18/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Guidelines also state that a referral request should specify the concerns to be addressed in the independent of expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. In this case, the patient complains of left groin and right abdominal pain. A request for surgical referral was made to consider hernia. However, the medical records submitted for review did not include abdominal examination findings. Moreover, ultrasound examination for hernia was negative. Furthermore, there was no discussion regarding failure of current therapies for the patient's pain problems, which may warrant a referral for surgical consultation. Therefore, the request for surgical initial consultation initial high complexity is not medically necessary or appropriate.