

Case Number:	CM14-0175846		
Date Assigned:	10/28/2014	Date of Injury:	06/12/2014
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 27-year-old female with a 6/12/14 date of injury. The mechanism of injury occurred when the patient was sitting on a stepstool and tried to reach a cage when it was about to fall and twisted her back while bending forward to catch it. According to a psychiatry consultation report dated 9/24/14, the patient complained of pain in the right shoulder radiating into the hand and occasional numbness and tingling sensations affecting all the digits of the right hand. She also noted pain in the right parathoracic and lumbosacral paraspinal muscles with radiation down the right lower extremity with occasional numbness and tingling sensations affecting the right foot. The patient's medication regimen consisted of naproxen, omeprazole, Neurontin, and Flexeril. Objective findings: decreased range of motion of thoracic/lumbar spine; tenderness, trigger points, and muscle spasms to the right iliolumbar ligament and right paraspinal muscles, tenderness in the right parathoracic muscles; decreased light touch sensation in dorsal aspect of right foot; decreased sensation in right parathoracic region to light touch; decreased range of motion of right shoulder; tenderness and muscle spasms and trigger points in right paracervical and trapezius muscles. An MRI of the lumbar spine dated 8/26/14 revealed small central protrusion of the L5-S1 intervertebral disc with annular fissuring abutting the anterior aspect of the thecal sac, no central canal stenosis or exiting nerve root compression. Diagnostic impression: right lumbosacral radiculopathy, myofascial pain, right parathoracic strain, right thoracic radiculopathy, right rotator cuff syndrome. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/14/14 denied the requests for urine toxicology screen, acupuncture, and right L4,L5,S1 ESI. Regarding urine toxicology screen, the doctor noted the patient was to be managed with non-opioid medical pharmacology and there was no note of risk factors for aberrant behavior. Regarding acupuncture, there is no note of AES medication being used, there is no indication here for acupuncture. Regarding ESI,

there is no evidence of dermatomal or myotomal deficits and no nerve root tension signs indicating a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 44.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there is no documentation that the patient's current medication regimen includes an opioid medication. The provider indicated that he is requesting a urine toxicology screen to see if the patient was able to wean herself off of narcotics. However, there is no discussion regarding the patient's previous narcotic medication use or aberrant behavior displayed by the patient. Therefore, the request for Urine Toxicology Screen was not medically necessary.

Acupuncture - 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, Chapter 6, page 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. However, this is a request for 8 sessions of acupuncture. Guidelines recommend a trial of 3-6 visits, and this request exceeds guideline recommendations. Documentation showing functional improvement is necessary in order to justify further treatment. Therefore, the request for Acupuncture - 8 was not medically necessary.

Right L4, L5 and S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, although it is documented that the patient has reduced sensation on physical examination, however, the specific nerve distribution was not noted. Therefore, the request for Right L4, L5 and S1 Epidural Steroid Injection was not medically necessary.