

<b>Case Number:</b>	CM14-0022715		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/11/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Medicine and is licensed to practice in California and Nevada. 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 56 year old female whose date of injury is 03/11/2007. The mechanism of injury is not described. The injured worker is noted to be status post knee surgery on 02/26/13. Note dated 02/04/14 indicates that the injured worker complains of some pain in the neck and right shoulder with some occasional numbness in the right hand. The injured worker was not working at that time. The injured worker notes that there are some acute spasms in the right trapezius. Urine drug screen dated 05/12/14 is negative. Supplemental report dated 06/05/14 indicates that the injured worker's last drug screen was over three months ago she had major knee surgery a few months ago.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Based on the clinical information provided, the request for urine drug screen is not recommended as medically necessary. The submitted records indicate that serial urine

drug screens have been negative. The most recent urine drug screen was performed in May 2014. There is no indication of drug misuse or aberrant behavior. Therefore, the requested urine drug screen is not in accordance with Chronic Pain Medical Treatment Guidelines, and is not medically necessary.

**ACUPUNCTURE SESSIONS FOR THE CERVICAL SPINE 2 TIMES A WEEK FOR 4 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on the clinical information provided, the request for acupuncture sessions for the cervical spine 2 times a week for 4 weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the requested acupuncture is not in accordance with Acupuncture Guidelines, is not medically necessary.