

Case Number:	CM14-0032030		
Date Assigned:	06/20/2014	Date of Injury:	09/30/1987
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 56 year-old male, DOI 9/30/87. Subsequent to a MVA, the patient developed left shoulder pain, chronic low back pain and foot pain. He has been treated surgically for the left shoulder. Recent lumbar MRI studies have revealed spondylitic changes including a retrolisthesis. Current treatment consists of medication management. He has been on long term opioids without evidence of misuse. There has been a trial of acupuncture without functional benefits reported. Urine drug testing was completed on 9/18/13 and 12/30/13. Both tests were consistent with prescribed medications.

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: MTUS Acupuncture Guidelines are very specific regarding an potential extension of acupuncture i.e. after a trial of up to 6 sessions there should be objective functional improvements to justify additional therapy. There is no documentation of significant improvement in pain an/or function as a result of prior acupuncture. There are no exception

reasons to expand beyond the Guideline recommendations. The request for additional acupuncture is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), Urine Drug Testing.

Decision rationale: MTUS chronic pain guidelines do not address this issue in significant detail, but other guidelines do. ODG addresses drug testing in detail and recommends patients be risk stratified to determine the frequency of drug testing. There is no documentation that would lead to a conclusion other than this patient is in the low risk category. In the low risk category testing is recommended on an annual basis after an initial test is completed. There have been 2 prior drug tests that are consistent with prescribed medications. There are no apparent exceptional reasons to exceed what is guidelines recommended for annual testing. The frequent repeat drug testing is not medically necessary.