

<b>Case Number:</b>	CM14-0039117		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Family Practice 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 claimant is a 59 year old male claimant sustained a work related injury on 5/2/13 involving the mid and low back. He was diagnosed with musculoskeletal strain of the lumbar and thoracic region with radiculopathy. A progress note on 2/12/14 indicated she had 5/10 mid back pain that radiated to the L4-L5 dermatome. Examination was notable for tenderness to palpation in the lumbar and thoracic paralumbar region. He was recommended to undergo acupuncture of the thoracic spine 2 times per week for 6 weeks, an IF unit and undergo urine toxicology screen. He had been on muscle relaxants, topical analgesics and NSAIDs for pain. Previous urine drug screen in July 2013 was consistent with medications taken.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Urine and drug testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances, (May 2009), page 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology and Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The request for a Urine Drug Screen is not medically necessary.

**12 Acupuncture visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture and pg 13 and physical medicine Page(s): 13, 99.

**Decision rationale:** According to the MTUS guidelines, acupuncture is used as an option when a medication is very useful not tolerated. Time to produce functional improvement is 3 to 6 treatments. The recommended frequencies 1-3 times per week for up to two months. In this case there is no mention of failure to respond to medications. In addition the amount of treatments recommended exceed that suggested by the guidelines. The request for 12 Acupuncture Treatments is not medically necessary.