

<b>Case Number:</b>	CM14-0040192		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

This 64 year-old injured worker sustained an injury on 09/21/2010 while employed by [REDACTED]. Requests under consideration include acupuncture, 12 sessions, two (2) times a week for 4-6 weeks and urine drug screen. Diagnoses include bilateral knee internal derangement, knee effusion, knee strain/sprain, insomnia and status post right arthroscopic knee surgery. Conservative care has included medications, topical compound cream, urinalysis, acupuncture, injections, and modified activities/rest. Report of 01/07/2014 from the provider noted the patient has ongoing bilateral knee pain and loss of sleep. Exam showed knee tenderness and bilateral decreased knee range of motion. Treatment plan included left knee injection under fluoroscopy with arthrogram, continue acupuncture, urine drug screen (UDS), and medications refills. Requests for acupuncture 12 sessions, two (2) times a week for 4-6 weeks and urine drug screen were non-certified on 03/04/2014 citing guidelines, criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 12 sessions, two (2) times a week for 4-6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

**Decision rationale:** The MTUS, acupuncture guidelines recommend initial trial of conjunctive acupuncture visits of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. Review indicated the patient has received several prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Therefore the acupuncture, 12 sessions, two (2) times a week for 4-6 weeks is not medically necessary and appropriate.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

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

**Decision rationale:** Per MTUS guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioids since this chronic 2010 injury. Presented medical reports from the provider have unchanged chronic, severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, report of acute injury or change in clinical findings or risk factors to support frequent urine drug screen (UDS). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The urine drug screen is not medically necessary and appropriate.