

<b>Case Number:</b>	CM14-0047968		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 10/23/09. A utilization review determination dated 3/6/14 recommends non-certification of translation services, acupuncture, chiropractic, urine toxicology testing, and consultation with pain management. Follow-up with general practice was certified. Undated medical report (Doctor's First Report of Occupational Injury of Illness from the requesting provider) is somewhat illegible, but appears to identify low back pain with spasm, paraspinal tenderness, and painful motion. Recommendations include acupuncture 1 x 4, chiropractic/physiotherapy 2 x 4, pain management, UA, and topical compound creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translation services frequency not indicated:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21 and 36.

**Decision rationale:** Regarding the request for translation services, CA MTUS and ACOEM do not specifically address the issue, although they do note the importance of effective communication and record keeping. Within the documentation available for review, there is no

indication of the need for translation or how the patient was able to communicate with the provider at the time of the most recent office visit. In the absence of such documentation, the currently requested translation services are not medically necessary.

**Acupuncture sessions lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is pain noted, but there is no documentation of any current pain levels and functional deficits that would require treatment and also serve to demonstrate the efficacy of the treatment. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

**Chiropractic sessions lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is pain noted, but there is no documentation of any current pain levels and functional deficits that would require treatment and also serve to demonstrate the efficacy of the treatment. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic is not medically necessary.

**Urine toxicology testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no indication that the patient is utilizing drugs of potential abuse. While there is some support for baseline testing, there are no pain levels noted, no current risk stratification identified, and no plan for consideration of opioids is noted. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

**Consultation with pain management specialist (lumbar):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation with pain management specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has pain, but no current pain levels are noted, no functional deficits are identified, and no clear rationale for a pain management consultation is provided. In the absence of such documentation, the currently requested consultation for pain management specialist is not medically necessary.