

Case Number:	CM14-0053112		
Date Assigned:	07/07/2014	Date of Injury:	04/22/2010
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 April 22, 2010. A utilization review determination dated March 25, 2014 recommends non-certification of acupuncture 2X4 and a urine drug screen. Non-certification of acupuncture was due to 6 sessions being previously authorized on August 12, 2013 with no documentation of objective functional improvement. Non-certification of a urine drug screen is due to no documentation indicating that the patient is taking a controlled substances or has any complaints consistent with potential drug abuse. A urine drug screen performed on December 17, 2013 is negative. A progress report dated January 8, 2014 indicates that there was a recent denial for Naproxen, Omeprazole, Lunesta, trigger point injections, and a urine toxicology screen. The note goes on to state, even though I am not giving him any narcotic medications, it is important for me as his chronic pain management physician to know if he is taking other drugs that may have been given to her or if he is using recreational drugs such as marijuana on his own. A progress report dated March 18, 2014 identifies subjective complaints of ongoing pain in the neck and lumbar spine. Physical examination is largely illegible. The treatment plan recommends acupuncture. Current medications include Naproxen, Omeprazole, and Lunesta. A urine drug screen performed on March 18, 2014 is negative. A letter dated April 12, 2014 appealed the denial of a urine drug screen with the same rationale as previously stated. The note goes on to state that acupuncture has helped this patient tremendously allowing him to not use narcotics and not have surgery for his cervical spine and left shoulder. His prior acupuncture had reduced his pain over 50%, and allowed him to be more independent with activities of daily living such as walking, sitting, and dressing. An acupuncturist note indicates that the patient underwent 6 treatments with 50% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional 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 now documentation of analgesic efficacy and functional improvement with the previous acupuncture trial. As such, the currently requested 8 additional acupuncture sessions are medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (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, the requesting physician has not identified any suspicions that the patient is using illegal drugs, for which the use of urine drug testing would be indicated. Additionally, it does not appear that the patient is being prescribed any controlled substances. Finally, the requesting physician has not identified why this patient would be considered a high risk to justify urine drug screens performed every 3 months. As such, the currently requested urine drug screen is not medically necessary.