

Case Number:	CM14-0072381		
Date Assigned:	07/16/2014	Date of Injury:	04/23/2007
Decision Date:	08/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old male who reported an injury on 04/23/2007. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented with some relief from an SI joint injection and pain in the cervical spine paraspinal muscles. Upon examination of the lumbar spine, there are prior spinal trigger points noted and a negative straight leg raise. Prior therapy included medications and trigger point injections. The provider recommended a urine drug screen and acupuncture for the low back. The provider's rationale was not provided. The request for authorization form was dated 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen.: 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids,

for ongoing management, and screening for misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. The last urine drug screen was performed on 01/07/2014 and 04/08/2014. Both urine drug screens resulted in negative results. As such, the request is not medically necessary.

Acupuncture to low back, 8 visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture to the low back, 8 visits, is not medically necessary. The California MTUS state acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and post-surgical intervention to hasten functional recovery. The guidelines recommend 3 to 6 visits 1 to 3 times a week with an optimum duration of 1 to 2 months. The provider's request for 8 visits of acupuncture exceeds the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the acupuncture visits in the request as submitted. As such, the request is not medically necessary.