

<b>Case Number:</b>	CM14-0076136		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine 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 59-year-old female with a 6/4/10 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 5/1/14, the patient complained of moderate to severe lumbar spine pain and compensating right knee pain. The patient's medication regimen consisted of Tramadol, Prilosec, and Motrin. A large portion of this report was illegible. A 2/20/14 UR decision had certified 6 initial trial visits of acupuncture treatments, and 3 additional acupuncture treatments were certified in a 4/7/14 UR decision. Objective findings: tenderness and spasms of lumbar spine. Diagnostic impression: lumbar spine radiculopathy, lumbar spine discogenic pain. Treatment to date includes medication management, activity modification, acupuncture, and physical therapy. A UR decision dated 5/9/14 denied the requests for continued acupuncture and urine analysis. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Acupuncture two to three times a week for six weeks to the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics, 9792.24.1. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter page 114

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient has had 9 sessions of acupuncture sessions certified in prior UR decisions. However, it is unclear if she has completed all 9 sessions. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior acupuncture sessions. Therefore, the request for continue acupuncture two to three times a week for six weeks to the lumbar spine is not medically necessary.

**Urine analysis for drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is noted that the patient is currently taking Tramadol. Guidelines support urine drug testing for patients on chronic opioid therapy. Therefore, the request for Urine analysis for drug screen is medically necessary.