

<b>Case Number:</b>	CM14-0001878		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male who sustained an industrial injury on 05/11/12. Initial complaints and diagnoses are not available. Treatments to date include physical therapy. Diagnostic studies include nerve conduction testing and a MRI. Current complaints are not legible in the providers progress note dated 10/01/13. In a progress note dated 10/01/13 the treating provider reports the plan of care as x-rays of the cervical and lumbar spine, nerve conduction studies, medication, work restrictions, and acupuncture. The requested treatment is acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS- URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The patient presents on 08/27/14 with cervical spine pain rated 2/10, thoracic spine pain rated 4/10, and lumbar spine pain rated 5/10. The patient's date of injury is 05/11/12. Patient has no documented surgical history directed at these complaints. The request is for LABS urine drug screen. The RFA was not provided. Physical examination dated 08/27/14 reveals tenderness to palpation of the paraspinal muscles at an unspecified level, mildly positive Kemp's test bilaterally, and negative straight leg raise bilaterally. The progress note is hand-written and difficult to decipher, the remaining physical findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." In regard to the request for a urine drug screen, the treater has not provided a reason for the request. There is no documentation that this patient has had any urine drug screens to date. However, there is no documentation that this patient is prescribed opioids or that the treater intends on prescribing opioids in the future. Urine drug screens are typically collected prior to opioid initiation or used to ensure patient compliance with narcotic medications. In patients who are not, taking narcotics a compliance screen is not required. Therefore, the request is not medically necessary.

**ADDITIONAL ACUPUNCTURE 2X4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents on 08/27/14 with cervical spine pain rated 2/10, thoracic spine pain rated 4/10, and lumbar spine pain rated 5/10. The patient's date of injury is 05/11/12. Patient has no documented surgical history directed at these complaints. The request is for additional acupuncture 2x4. The RFA was not provided. Physical examination dated 08/27/14 reveals tenderness to palpation of the paraspinal muscles at an unspecified level, mildly positive Kemp's test bilaterally, and negative straight leg raise bilaterally. The progress note is hand-written and difficult to decipher, the remaining physical findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for additional acupuncture for this patient's chronic pain, treater has exceeded guideline recommendations and has not documented prior efficacy. Progress notes provided consistently refer this patient for

acupuncture treatments; though do not include discussion of efficacy. Furthermore, guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on improvements; in this case the treater consistently requests 8 sessions. No improvements are documented which are attributed to acupuncture, therefore additional therapies cannot be substantiated. The request is not medically necessary.