MAXIMUS Federal Services

Case Number:	CM14-0188980		
Date Assigned:	11/19/2014	Date of Injury:	01/17/2013
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgeon and is licensed to practice in Minnesota. 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 45 year old female complaining of neck and low back pain radiating to the left shoulder and left lower extremity from lifting a bundle of linen on 1/17/2014. She was treated with physical therapy and also underwent MRI scans of the cervical and lumbosacral spine per chiropractic notes. The radiology reports are not submitted. The records document tenderness to palpation in the cervical and lumbosacral area with decreased range of motion. There was temporary pain relief from trigger point injections. The disputed issues pertain to a request for 18 visits of acupuncture, urine drug screen, and request for a surgical consultation for the left shoulder. UR letter denied the requests citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 18 visits, cervical, lumbar, Lt shoulder strain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate acupuncture as an option when pain medication is not tolerated or reduced, or as an adjunct to physical rehabilitation and/or surgical intervention to speed up the functional recovery process. Guidelines recommend 1-3 treatments per week. After

3-6 treatments functional improvement has to be documented before additional treatments can be administered. The request as stated is not supported by indication rationale and the number of treatments requested exceeds the guidelines. As such the request for acupuncture 18 visits is not supported by guidelines and is not medically necessary.

Shoulder surgical consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (2004) Chapter 7-Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear in a young person. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. The documentation does not provide an adequate history and detailed physical examination of the shoulder or imaging studies that would necessitate a surgical referral. The diagnosis for the shoulder is "sprain/strain" with no detailed examination or imaging evidence of a lesion known to benefit from surgical repair. In light of the above the request for a shoulder surgical consultation is not medically necessary.

Urine Drug Screen (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens Page(s): 43, 77, 89.

Decision rationale: The California MTUS chronic pain guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. This is a step to take before a therapeutic trial of opioids and is also necessary in case of aberrant behavior or as a part of an opioid pain treatment agreement. The available documentation does not indicate the rationale for a urine drug screen. There is no indication that the injured worker is on opioids or the use of opioids is planned. There is no indication of aberrant behavior pattern and as such the request is not medically necessary.