

<b>Case Number:</b>	CM14-0202809		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 69-year-old female, with a reported date of injury of 06/08/2012. The result of the injury was bilateral shoulder pain. The current diagnoses include shoulder joint pain and rotator cuff sprain. The past diagnoses include right and left rotator cuff tear with retraction. Treatments have included x-rays of the bilateral shoulders, which showed no increase of osteoarthritis; four (4) acupuncture sessions, which have helped; Ibuprofen; a combination topical ointment for pain; and Keratek Gel for pain and inflammation. The progress report (PR-2) dated 11/10/2014 indicates that the objective findings included upper arm stiffness, weakness to the bilateral shoulders, and limited range of motion. The injured worker rated her pain a 3 out of 10. The treating physician recommended acupuncture to correct imbalances and to remove any blockages that interfere with the body's internal balance for the bilateral shoulders; and the urine toxicology was recommended to check the effectiveness of the medications. The medical records provided for review include the laboratory report dated 11/10/2014; however, the medical records do not include the acupuncture reports. On 11/24/2014, Utilization Review (UR) denied the request for a urine toxicology and acupuncture two (2) times a week for four (4) weeks for the bilateral shoulders. The UR physician noted that the injured worker had a urine toxicology on 10/20/2014, and that there was no documentation of the risk level of addiction or abnormal behavior. It was also noted that no acupuncture progress notes were provided to show if there were any significant objective benefits. The Chronic Pain Guidelines and the ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "Low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. - "Moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. - "High risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the current request for urine toxicology is not medically necessary.

**Acupuncture 2x4 bilateral shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG states regarding knee acupuncture, "Recommended as an option for osteoarthritis, but benefits are limited." ODG further details the quantity:- Initial trial of 3-4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)The patient has already undergone eight acupuncture sessions in April, 2014. The treating physician did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications are not tolerated. As such, the request for acupuncture 2 x 4 - bilateral shoulder is not medically necessary.

