

<b>Case Number:</b>	CM14-0036277		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, Arizona  
 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 56-year-old female who reported an injury on 06/12/2002 due to an unspecified mechanism of injury. On 03/04/2014, she presented for a follow up evaluation and reported a severe migraine with pain radiating into the right arm and down the right leg. She stated that she was taking Ultram which had helped her pain go from an 8/10 to a 5/10 as well as Biotherm cream which helped her pain go from an 8/10 to a 4/10. A physical examination showed positive for weakness in the right arm. The cervical spine showed decreased range of motion with flexion to 30 degrees and extension of 40 degrees, right rotation of 50 degrees, left rotation of 60 degrees, and right lateral reflex to 25 degrees and left lateral flexion to 30 degrees. There was tenderness to the paraspinal trapezius muscles, right greater than left and Spurling's was positive on the right. Cervical compression was positive and there was decreased strength at a 4/5 at the right C5, C6, and C7. Examination of the left shoulder revealed decreased range of motion with flexion at 140 degrees, extension at 40 degrees, abduction at 120 degrees, adduction at 40 degrees, and internal rotation at 80 degrees and external rotation at 70 degrees. It was noted that she had 4/5 strength bilaterally with flexion and abduction. She was diagnosed with cervicogenic headaches, cervical disc bulge, status post anterior cervical discectomy, right lateral epicondylitis, and right lateral myofascitis of the forearm. The treatment plan was for acupuncture 2 visits per week for 3 weeks for the cervical spine and a urinalysis for drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two visits per week for three weeks, to cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California Acupuncture Guidelines state that acupuncture treatment is recommended for those who are decreasing their medication use, who are intolerant to oral medications, and for those in a physical therapy to use as an adjunct or to hasten functional recovery following a surgical intervention. The documentation provided does not indicate that the injured worker is reducing or not tolerating her medications and there is no evidence that she is immediately postoperative or that she is using this as an adjunct treatment to physical rehabilitation. Also, further clarification is needed regarding the injured worker's prior treatment modalities and whether she had undergone acupuncture therapy previously. Without this information, the requested acupuncture sessions would not be supported. Therefore, the request is not medically necessary.

**Urinalysis, for drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, pain treatment agreement: Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that urine drug screens are recommended for those taking medications that require urine drug screening with evidence of abuse, addiction, or poor pain control. The documentation provided does indicate that the injured worker was taking Ultram. However, there is lack of documentation showing that she showed any signs of aberrant drug taking behaviors or that she was at risk for aberrant drug taking behaviors to support the request for a urinalysis for drug screening. Also, there is a lack of documentation regarding when her last urine drug screen was performed and without this information a urine drug screen would not be supported. Therefore, the request is not medically necessary.