

Case Number:	CM15-0006541		
Date Assigned:	01/26/2015	Date of Injury:	07/26/2010
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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 61-year-old male who reported an injury on 07/26/2010. The mechanism of injury was unspecified. His diagnoses included a lumbar spine herniated nucleus pulposus, right knee musculoligamentous injury status post, and history of gastritis. His past treatments included aquatic therapy, physical therapy, rest, brace, injections, medication, and surgery. On 09/10/2014, the injured worker complained of right knee pain and low back pain. The physical examination of the lumbar spine revealed range of motion with flexion at 36 degrees, extension at 10 degrees, left tilt at 20 degrees, and right tilt at 14 degrees. There was also tenderness at the lumbosacral joint, sciatic notch, and popliteal tenderness. The physical examination of the lower extremity revealed range of motion at 0 to 150 degrees on the left and 0 to 100 degrees on the right. There was also tenderness to the medial joint line on the right, lateral joint line tenderness, and anserine area. His current medications were not provided for review. The treatment plan included an UDS, ortho FUV, Sentra AM, and additional acupuncture. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology: Upheld

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

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

Decision rationale: The request for a urinalysis for toxicology is not medically necessary. The CA MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected noncompliance or to avoid misuse or abuse of opioids. Due to the lack of documentation indicating the injured worker had a history of misuse of medications or aberrant behavior and was using illegal drugs, the request is not supported.

Ortho FUV in 4 weeks from request date of 12/8/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & leg, Office visits.

Decision rationale: The request for ortho FUV in 4 weeks from request date of 12/8/14 is not medically necessary. According to the Official Disability Guidelines, office visits, the need for a clinical office visits should be individualized based upon a review of the patient concerns, signs and symptoms, and clinical findings. Additionally, the determination should be based on what medications the patient is taking, as some medicines such as opiates, or certain antibiotics, require close monitoring. There was a lack of documentation of the injured worker's concerns, signs and symptoms, clinical findings, medical necessity for monitoring of opioids or certain antibiotics. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Sentra AM #60 request date of 12/8/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sentra PM.

Decision rationale: The request for Sentra AM #60 request date of 12/8/14 is not medically necessary. According to the Official Disability Guidelines, Sentra is not recommended. The injured worker was indicated to have been on Sentra AM for an unspecified duration of time. However, based on the guidelines not recommending the use of Sentra, as it is a medical food, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Additional acupuncture 1x4 for the right knee: 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 rationale: The request for additional acupuncture 1x4 for the right knee is not medically necessary. The CA MTUS guidelines state 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. The guidelines recommend a time to produce functional improvement of three to six treatments. The guidelines recommend a frequency of one to three times per week and a duration of one to two months. The clinical information, provided for review, states the injured worker has been recommended to continue with acupuncture; however, there was lack of documentation stating the injured worker is intolerant of the medications prescribed or her medications have been decreased. There was lack of documentation to specify the number of previous acupuncture visits completed. Furthermore, there was lack of documentation of objective functional improvement from the previously completed visits. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.