

Case Number:	CM15-0101969		
Date Assigned:	06/04/2015	Date of Injury:	01/03/2013
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 40 year old, female who sustained a work related injury on 1/3/13. The diagnoses have included repetitive strain injury, cervical and lumbar disc disease, probable cervical radiculopathy, cervicgia, bilateral arm/hand pain, bilateral shoulder pain and low back pain. Treatments have included medications, home exercise program, physical therapy, and massage therapy. In the PR-2 dated 5/14/15, the injured worker complains of neck pain. She has radicular pain in both arms with weakness. She describes the pain as aching, burning, sharp, shooting, tender, throbbing, and tingling, numbness and sore. She rates this pain level a 6/10. She complains of hand and wrist pain. She complains of the pain on the left dorsal wrist, bilateral hands and right dorsal wrist. She rates this pain level at 7-8/10. The pain is described as aching, burning, deep, disabling, increasing, sharp, throbbing, tingling, numbness and tingling. She complains of bilateral elbow pain. She has arm weakness, numbness, popping stiffness, swelling and throbbing. The pain is located on both arms at distal inner arm. She rates this pain a 6/10. She complains of right shoulder pain. She describes it as aching, burning, deep, intermittent, radiating, sharp, tender, pulling, numbness, tingling and tearing. She rates this pain level an 8/10. She also complains of lumbar back pain. She has back stiffness, radicular pain and weakness in both legs. She rates this pain level a 7/10. She has tenderness to palpation of cervical and lumbar facet capsules. She has a positive Spurling's maneuver on the right. She has positive Faber maneuver and Gaenslen's maneuver. She has positive straight leg raises at 45 degrees with left leg and at 30 degrees with right leg. The treatment plan includes a request for an acupuncture trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the bilateral hands/wrists, once a week for ten weeks: 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 40 year old patient presents with neck pain radiating to bilateral arms, hand and wrist pain, bilateral elbow pain, lower back pain radiating to bilateral legs, and shoulder pain, rated at 6-8/10, as per progress report dated 05/14/15. The request is for ACUPUNCTURE FOR THE BILATERAL HANDS/WRISTS, ONCE A WEEK FOR 10 WEEKS. The RFA for this request is dated 05/14/15, and the patient's date of injury is 01/03/13. Likely diagnoses, as per progress report dated 05/14/15, included cervical and lumbar disc annular disruption syndrome, facet capsular tears, shoulder impingement syndrome, focal entrapment neuropathy, and lumbar axial spinal pain with minimal dysesthesias. Medications included Ibuprofen, Norco, Sudafed and Exedrin Migraine. The reports do not document the patient's work status. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the request for acupuncture is noted in progress report dated 05/14/15. The treater states that the patient "has met the criterion for acupuncture trial..." MTUS, however, recommends only 3 to 6 sessions as part of the trial. Subsequent visits will depend on the efficacy of this treatment. Hence, the treater's request of 10 sessions is excessive and IS NOT medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 40 year old patient presents with neck pain radiating to bilateral arms, hand and wrist pain, bilateral elbow pain, lower back pain radiating to bilateral legs, and shoulder pain, rated at 6-8/10, as per progress report dated 05/14/15. The request is for UDS. There is no RFA for this request, and the patient's date of injury is 01/03/13. Likely diagnoses, as per progress report dated 05/14/15, included cervical and lumbar disc annular disruption

syndrome, facet capsular tears, shoulder impingement syndrome, focal entrapment neuropathy, lumbar axial spinal pain with minimal dysesthesias. Medications included Ibuprofen, Norco, Sudafed and Exedrin Migraine. The reports do not document the patient's work status. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, none of the progress reports discuss this request. As per progress report dated 05/14/15, the patient underwent urine toxicology screening on 09/03/14, which was consistent with prescribed medications. MTUS only supports annual urine toxicology tests in low-risk patients. While the treating physician does not discuss the patient's opioid dependence risk, it has almost been a year since the patient underwent this testing. Hence, the request is reasonable and IS medically necessary.

Acupuncture for the neck, once a week for ten weeks: 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 40 year old patient presents with neck pain radiating to bilateral arms, hand and wrist pain, bilateral elbow pain, lower back pain radiating to bilateral legs, and shoulder pain, rated at 6-8/10, as per progress report dated 05/14/15. The request is for ACUPUNCTURE OF THE NECK, ONCE A WEEK FOR 10 WEEKS. The RFA for this request is dated 05/14/15, and the patient's date of injury is 01/03/13. Likely diagnoses, as per progress report dated 05/14/15, included cervical and lumbar disc annular disruption syndrome, facet capsular tears, shoulder impingement syndrome, focal entrapment neuropathy, and lumbar axial spinal pain with minimal dysesthesias. Medications included Ibuprofen, Norco, Sudafed and Exedrin Migraine. The reports do not document the patient's work status. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the request for acupuncture is noted in progress report dated 05/14/15. The treater states that the patient "has met the criterion for acupuncture trial..." MTUS, however, recommends only 3 to 6 sessions as part of the trial. Subsequent visits will depend on the efficacy of this treatment. Hence, the treater's request of 10 sessions is excessive and IS NOT medically necessary.

Acupuncture for the bilateral elbows, once a week for ten weeks: 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 40 year old patient presents with neck pain radiating to bilateral arms, hand and wrist pain, bilateral elbow pain, lower back pain radiating to bilateral legs, and shoulder pain, rated at 6-8/10, as per progress report dated 05/14/15. The request is for ACUPUNCTURE FOR THE BILATERAL ELBOWS, ONCE A WEEK FOR 10 WEEKS. The RFA for this request is dated 05/14/15, and the patient's date of injury is 01/03/13. Likely diagnoses, as per progress report dated 05/14/15, included cervical and lumbar disc annular disruption syndrome, facet capsular tears, shoulder impingement syndrome, focal entrapment neuropathy, and lumbar axial spinal pain with minimal dysesthesias. Medications included Ibuprofen, Norco, Sudafed and Exedrin Migraine. The reports do not document the patient's work status. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the request for acupuncture is noted in progress report dated 05/14/15. The treater states that the patient "has met the criterion for acupuncture trial..." MTUS, however, recommends only 3 to 6 sessions as part of the trial. Subsequent visits will depend on the efficacy of this treatment. Hence, the treater's request of 10 sessions is excessive and IS NOT medically necessary.