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| Case Number: | CM15-0018014 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 01/13/2010 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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 60-year-old female who reported an injury on 12/19/1994. The mechanism of injury was not stated. The current diagnoses include lumbar herniated nucleus pulposus, cervical herniated nucleus pulposus and bilateral shoulder impingement. The injured worker presented, on 01/06/2015, for a followup evaluation. Upon examination, there was decreased range of motion of the cervical and lumbar spine with positive spasm, as well as positive impingement sign at the bilateral shoulders. The treatment recommendations included continuation of the current medication regimen, physical therapy 3 times per week for 4 weeks, chiropractic treatment and acupuncture. A urinalysis test was submitted for toxicology and a noninvasive DNA test was also recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 4 weeks to the Right Shoulder, Neck, and Low Back:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, there was no documentation of a significant musculoskeletal deficit upon examination. The medical necessity for acupuncture treatment has not been established. Therefore, the request is not medically appropriate at this time.

Chiropractor 2 times a week for 4 weeks for the Neck, Low Back, and Right Shoulder:

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 Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain, if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy will exceed guideline recommendations. Additionally, there was no documentation of a significant musculoskeletal deficit upon examination. Therefore, the request is not medically appropriate.

DME purchase of a Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal deficit upon examination. There was no evidence of spinal instability. The medical necessity for the requested durable medical equipment has not been established at this time. Therefore, the request is not medically appropriate.

Urine Toxicology Screen and Noninvasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 and 43, 77, and 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The California MTUS Guidelines state, DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain. The injured worker underwent a previous urine toxicology screening in 10/2014. There was no mention of noncompliance or misuse of medication. The medical necessity for an additional urine toxicology report has not been established. Additionally, the California MTUS Guidelines do not recommend DNA testing. Given the above, the request is not medically appropriate.

Physiotherapy 2 times a week for 4 weeks for the Neck, Low Back, and Right Shoulder:
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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There was no documentation of significant functional improvement following the initial course of physical therapy. Additional treatment would not be supported. In addition, there was no documentation of a significant musculoskeletal deficit upon examination. Given the above, the request is not medically appropriate.