

<b>Case Number:</b>	CM15-0131472		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/21/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 35 year old female, who sustained an industrial injury on 6/21/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical headaches, cervical sprain/strain, lumbar sprain/strain with right lower extremity radiculopathy and right knee internal derangement. Right shoulder magnetic resonance imaging showed full thickness tear of the rotator cuff. Treatment to date has included therapy and medication management. In a progress note dated 4/28/2015, the injured worker complains of neck pain that radiates to the right shoulder rated 7-8/10, low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. Physical examination showed right knee tenderness. The treating physician is requesting 6 sessions of acupuncture for the cervical and lumbar spine, range of motion testing, urine drug screen and 2 follow up appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; 2-3 times weekly for 6 weeks, cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** Based on the 04/28/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder rated 7-8/10, low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. The request is for Acupuncture; 2-3 times weekly for 6 weeks, cervical and lumbar spine. RFA with the request not provided. Patient's diagnosis on 04/28/15 includes cervical and lumbar spine sprain/strain, right lower extremity radiculopathy and right knee internal derangement. Treatment to date has included therapy and medication management. The patient is temporarily totally disabled, per 04/28/15 report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: ' (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e).' Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on documented functional improvement. In this case, treater requests 12 to 18 initial sessions without first establishing efficacy. Were the request for 3-6 initial sessions, the recommendation would be for authorization. This request exceeds what is allowed by guidelines and cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Range of Motion Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

**Decision rationale:** Based on the 04/28/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder rated 7-8/10, low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. The request is for Range of Motion Testing. RFA with the request not provided. Patient's diagnosis on 04/28/15 includes cervical and lumbar spine sprain/strain, right lower extremity radiculopathy and right knee internal derangement. Treatment to date has included therapy and medication management. The patient is temporarily totally disabled, per 04/28/15 report. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as 'joint ROM, muscle flexibility, strength or endurance deficits' include objective measures of clinical exam findings. It states, 'ROM should be documented in degrees. ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including Work function and/or activities of daily living, physical impairments, approach to self-care and

education. In this case, treater has not provided medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.

**Urine toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction; Drug testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** Based on the 04/28/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder rated 7-8/10, low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. The request is for Urine toxicology. RFA with the request not provided. Patient's diagnosis on 04/28/15 includes cervical and lumbar spine sprain/strain, right lower extremity radiculopathy and right knee internal derangement. Treatment to date has included therapy and medication management. The patient is temporarily totally disabled, per 04/28/15 report. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. Treater has not provided a reason for the request. Guidelines indicate that urine drug screening is recommended for monitoring compliance with prescribed medications. However, the medical records provided do not indicate that the patient was prescribed opioids or other substances that require monitoring. Without a proper opiate risk assessment, frequent UDS's would not be indicated. Therefore, the request IS NOT medically necessary.

**Follow up for the Right Knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition, Pain Chapter - Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on the 04/28/15 progress report provided by treating physician, the patient presents with low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. The request is for Follow up with [REDACTED] RFA with the request not provided. Patient's diagnosis on 04/28/15 includes cervical and lumbar spine sprain/strain, right lower extremity radiculopathy and right knee internal derangement. Treatment to date has included therapy and medication management. The patient is temporarily totally disabled, per 04/28/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 'The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per 03/03/15 report, treater states 'follow up with [REDACTED] shoulder surgeon (right knee eval).' ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. UR letter dated 6/23/15 states the follow up visit with [REDACTED] was certified on 04/06/15. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are a appropriate measure and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.

**Follow up for Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition, Pain Chapter - Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on the 04/28/15 progress report provided by treating physician, low back pain radiating to the bilateral lower extremities rated 7/10 and right knee pain rated 7-8/10. The request is for Follow up with [REDACTED] RFA with the request not provided. Patient's diagnosis on 04/28/15 includes cervical and lumbar spine sprain/strain, right lower extremity radiculopathy and right knee internal derangement. Treatment to date has included therapy and medication management. The patient is temporarily totally disabled, per 04/28/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 'The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per 03/31/15 report, treater states 'follow up [REDACTED] for LESI.' ACOEM recommends for consultations when a 'diagnosis is uncertain' or 'when the plan of care may benefit from additional expertise.' Given the patient's continued low back symptoms despite conservative care, this request appears reasonable and may benefit the patient. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are a appropriate measure and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.