

Case Number:	CM15-0136159		
Date Assigned:	07/24/2015	Date of Injury:	12/07/2012
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 29 year old male, who sustained an industrial injury on 12/07/2012. He has reported injury to the neck and low back. The diagnoses have included lumbago; lumbar disc displacement; lumbar spine radiculitis/neuritis; and depression. Treatment to date has included medications, diagnostics, epidural steroid injection; physical therapy, and home exercise program. Medications have included Ibuprofen, Neurontin, Diclofenac, and Pantoprazole. A progress report from the treating physician, dated 05/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant severe low back pain; the back pain is described as stabbing and throbbing and rated at 9/10 on the pain scale; the low back pain radiates to the cervical spine and bilateral hips and legs with numbness, tingling, and weakness; it is aggravated by prolonged sitting, prolonged standing, and prolonged walking and laying down; he gets relief from medication and rest; and he suffers from depression, irritability, and lack of energy. Objective findings included lumbar range of motion is decreased in flexion, extension, left lateral bending, and right lateral bending; the ranges of motion are painful; Kemp's causes pain; straight leg raise causes pain bilaterally; and there are psychological complaints. The treatment plan has included the request for toxicology; and acupuncture for the lumbar spine, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screens Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for toxicology, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested toxicology is not medically necessary.

Acupuncture for the lumbar spine, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for Acupuncture for the lumbar spine, twice a week for six weeks, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested Acupuncture for the lumbar spine, twice a week for six weeks is not medically necessary.

