

Case Number:	CM15-0166611		
Date Assigned:	09/04/2015	Date of Injury:	02/04/2014
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 44-year-old female, who sustained an industrial injury on 02-04-2014. The injured worker was diagnosed as having lumbar strain and lumbar radiculitis. On medical records dated 08-07-2015, the subjective findings noted pain level at 2 with medication and a 5-6 out of 10 without medication. Documentation states injured worker was noted to be completing the last acupuncture session and that acupuncture seemed to be helping. Physical exam of lumbosacral spine revealed normal gait pattern and heel to toe ambulation was incomplete due to pain. Tenderness was noted as L4-L5 and L5-S1. Range of motion was noted to flex 50 degrees in forward flexion, which was increased from the previous visit progress, noted dated 07-03-2015, which was noted at 25 degrees in forward flexion. Otherwise, lumbar range of motion was noted as normal extension, lateral flexion and rotation. Straight leg raise was positive bilaterally. The injured worker was noted to be able return to work on modified duty. Treatments to date included medication, home exercise program and acupuncture. The number of completed acupuncture sessions was not clearly noted. Current medications were included not on progress notes dated 08-07-2015 and 07-03-2015. The Utilization Review (UR) was 08-18-2015. The UR submitted for this medical review indicated that the request for a urine toxicology screening and additional acupuncture for lumbar spine 2 x were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with low back pain rated 2 with and 5-6/10 without medication. The request is for URINE TOXICOLOGY SCREENING. The request for authorization is not provided. Physical examination reveals tenderness noted at L4-L5 and L5-S1. Straight leg raise test is causing hamstring tightness at 25 degrees on the left side and 45 degrees on the right side. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Per progress report dated 08/07/15, the patient will return to modified work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under 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." Per progress report dated 08/07/15, treater's reason for the request is "we perform the random and routine urine screening test on patient who is on the narcotics and/or other drugs." In this case, the patient is prescribed Tramadol, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.

Additional acupuncture for lumbar spine 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with low back pain rated 2 with and 5-6/10 without medication. The request is for ADDITIONAL ACUPUNCTURE FOR LUMBAR SPINE 2 X 3. The request for authorization is not provided. Physical examination reveals tenderness noted at L4-L5 and L5-S1. Straight leg raise test is causing hamstring tightness at 25 degrees on the left side and 45 degrees on the right side. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Per progress report dated 08/07/15, the patient will return to modified work. MTUS, Acupuncture Medical Treatment Section, 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)." Per progress report dated 08/07/14, treater's reason for the request is "She has shown great improvement with the help of acupuncture." In this case, the patient continues with low back

pain and acupuncture appears to be helping. Given patient's condition, additional of Acupuncture might be indicated. MTUS guidelines supports extended Acupuncture treatments with functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the medical evaluation and treatment; and a reduction in the dependency on continued medical treatment. However, other than a general statement by treater of "great improvement," there is no discussion on ADL improvements or work restriction reduction as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.