

Case Number:	CM15-0168319		
Date Assigned:	09/09/2015	Date of Injury:	07/02/2014
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old female who sustained a work related injury July 2, 2014. She was lifting a heavy box at work, with injury to her neck, left shoulder and left wrist (unspecified). Diagnoses are documented as brachial neuritis-radiculitis strain; sprain and strain of wrist, other; shoulder sprain, strain. According to the most recent medical record, a secondary treating physician's first report of injury, dated December 10, 2014, the injured worker presented with complaints of pain in the left side of the neck, left shoulder, left wrist, and back. Physical examination revealed decreased range of motion of the cervical spine, positive compression test; decreased range of motion of the left shoulder with pain, positive impingement; decreased range of motion of the left wrist, positive Phalen's. Medication dispensed Flurbiprofen-Tramadol and Gabapentin-Dextromethorphan-Amitriptyline. Treatment plan included urine toxicology screen and a follow-up visit to monitor medication intake. At issue, is a request for acupuncture, cervical spine and left wrist 1 x 6 (6 sessions) and a urine toxicology screen. An MRI of the left wrist, performed January 24, 2015; Impression; negative ulnar variance; lobulated cystic foci adjacent to the anterolateral aspect of the radiocarpal joint may reflect ganglion cysts; radioscapoid and lunotriquetral joint effusion; complete tear in the triangular fibrocartilage complex; T2W increase signal adjacent to the tendons of extensor carpi radialis brevis and extensor carpi radialis longus may reflect tenosynovitis. An MRI of the cervical spine, performed January 24, 2015; Impression; disc desiccation at C4-5 and C5-6; C4-5 broad-based disc herniation with prominent central component which causes stenosis of the spinal canal; joint degenerative change; stenosis of the bilateral foramen with deviation of the bilateral C5 exiting nerve roots; disc measurements neutral 2.9mm flexion, 2.0 mm extension 3.0mm;

C5-6 broad based disc herniation which causes stenosis of the spinal canal; neutral 1.9mm flexion 0.0 mm extension 2.0mm; straightening of the normal cervical lordosis with restriction of range of motion in flexion and extension views which may be positional or reflect an element of myospasm. A report of an MRI left shoulder performed January 24, 2015, is present in the medical record. According to utilization review performed August 13, 2015, the request for acupuncture, cervical spine and left wrist one time weekly for 6 weeks (6 sessions), was modified to four (4) visits. Follow-up medical consultation was authorized and Urine toxicology screen was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervical spine and Left Wrist, 1 time wkly for 6 wks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (4) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." I respectfully disagree with the UR physician's assertion that the guidelines recommend four treatments, per the citation above, the guidelines indicate that a trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement, the need for additional acupuncture can be considered. The request is medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress," (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation,

only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the documentation submitted for review, the injured worker is not currently taking any opioids. The request is not medically necessary.