MAXIMUS Federal Services

Case Number:	CM15-0180002		
Date Assigned:	09/21/2015	Date of Injury:	07/10/2007
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 07-10-2007. She has reported subsequent neck, back and bilateral knee pain and was diagnosed with cervical degenerative disc disease status post C4-C5 anterior cervical discectomy and fusion, bilateral shoulder impingement syndrome with frozen shoulders and rotator cuff tears, lumbar spine sprain and strain with degenerative lumbar spine disc disease with radiculopathy and bilateral knee internal derangement with lateral meniscal tears. MRI's of the right and left knees on 02-08-2011 were noted by the physician to show horizontal cleavage tear, MRI of the lumbar spine on 02-08-2001 was noted to show disc bulging and electromyography study on an unknown date was noted to show mild acute L5 radiculopathy. Treatment to date has included oral pain medication including opioid medication, acupuncture, physical therapy and surgery. Oral pain medication and acupuncture were noted to provide good pain relief. Physical therapy was noted to improve range of motion and function but not pain levels. A physician supplemental report noted that a urine drug screen dated 05-08-2015 showed that results were consistent with prescribed medications. In a progress note dated 08-24-2015, the injured worker reported reduced pain and improvement with range of motion and decrease in muscle spasms. The physician noted that the injured worker had completed 12 acupuncture treatments for the cervical spine and was inquiring about acupuncture treatment for low back and knee pain. The total number of acupuncture visits received was noted to be 16. The physician noted that the injured worker reported that acupuncture treatments were beneficial in improving range of motion and allowing her to take less medication due to the decrease in pain levels. The injured worker was

noted to remain symptomatic with low back and bilateral knee pain and numbness and tingling of the upper extremities that was rated as 8 out of 10 without narcotics and 5 out of 10 with narcotics. Objective examination findings showed tenderness from C5-T1 with 0-1+ spasms in the trapezius, tenderness over both shoulder joints with positive impingement sign and stiffness with range of motion, decreased left biceps, triceps and grip strength, decreased sensation to light touch distally in the upper extremities, tenderness from L3-S1 with 1-2+ muscle spasms, decreased range of motion of the lumbar spine, tenderness to palpation over the inferior, medial and lateral joint line with mild swelling of the left knee and decreased sensation to light touch distally. Work status was documented as permanent and stationary. A request for authorization of acupuncture for the cervical spine, lumbar spine and left knee # 6 and urine drug screen #1 was submitted. As per the 08-31-2015 utilization review, the request for acupuncture for the cervical spine, lumbar spine and left knee # 6 was non-certified and the request for urine drug screen #1 was partially certified to urine drug test consisting of a 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results, x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture For The Cervical Spine, Lumbar Spine And Left Knee # 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Guidelines state that up to 6 sessions of acupuncture are adequate for treatment with this modality. If there are adequate functional improvements the Guidelines state that the insurer may authorize additional sessions, but the Guidelines do not encourage or support ongoing sessions. It is clearly documented that this individual has completed 16 sessions of acupuncture for her wide spread chronic pain in addition to 12 sessions to address her cervical pain. The functional benefits reported are diminished spasm and improved ROM of 5 degrees. There are no other benefits noted such as diminished need for medications or a more active rehabilitation approach. Under these circumstances, the Guidelines do not support ongoing acupuncture as the benefits are not deemed to be adequate to justify ongoing use per Guideline standards. Under these circumstances the request for acupuncture for the cervical spine, Lumbar Spine and left knee # 6 is not supported by Guidelines and is not medically necessary.

Urine Drug Screen # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation ODG/Urine Drug Testing.

Decision rationale: MTUS Guidelines support the rational use of drug testing for individuals utilizing opioid medications. However, the MTUS Guidelines do not provide information on the medically reasonable utilization of this testing. ODG Guidelines provide highly detailed recommendations and this request is not consistent with the Guidelines. It is clearly documented that this individual is low risk for opioid misuse and under this circumstance, the Guidelines recommend only annual testing. A prior drug test was performed in May '15 and a repeat test in Aug '15 is not Guideline supported. In addition, the type of testing performed is not Guideline supported. Initial qualitative testing is recommended with quantitative testing reserved for inconsistent results on the qualitative testing. The drug testing that has been performed is quantitative testing and all drug classes without regard to any qualitative testing. The urine Drug Screen # 1 is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to the Guidelines.