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| <b>Case Number:</b>   | CM15-0189795 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 10/24/2014 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 10-24-2014. The injured worker was being treated for lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, knee contusion, and pain in joint of lower leg. Medical records (7-14-2015 to 9-14-2015) indicate ongoing lower back and right knee pain. The pain radiated topical the right thigh and right knee. Cold environment, lifting, prolonged sitting, and prolonged standing aggravated his pain. The pain was relieved by heat, rest, and brace wearing. Per the treating physician (9-14-2015 report), the injured worker had undergone 30 sessions of acupuncture that provided the injured worker with relief that "last one whole day with minor pain." The medical records (7-14-2015 to 9-14-2015) show the subjective pain rating shows improvement from 10 out of 10 on to 6 out of 10 on 9-14-2015. Per the treating physician (9-14-2015 report), the injured worker was taking only Naprosyn currently. The treating physician did not document concern for doctor-shopping, uncontrolled drug escalation, drug diversion, misuse, abuse, or addiction by the injured worker. The physical exam (9-14-2015) revealed the injured worker was using right knee and had crutches. There was an antalgic gait, restricted lumbar range of motion limited by pain, tenderness to palpation of the bilateral paravertebral muscles, and tenderness of the L1-5 (lumbar 1-5) spinal processes. There was restricted right knee range of motion limited by pain and tenderness to palpation over the medial and lateral joint lines, patella, and quadriceps tendon. There was a right knee joint effusion of 1+. There was decreased motor strength of the right hip flexor, right knee flexor and extensor, right ankle dorsiflexor, and right extensor hallucis longus limited by pain. There was decreased sensation over the right knee

patella area and hyperesthesia over the right medial calf, lateral calf, anterior thigh, medial thigh, and lateral thigh. On 4-13-2015, 6-16-2015, and 9-14-2015, urine drug screens did not detect Hydrocodone, Norhydrocodone, and Hydromorphone. Per the treating physician (7-14-2015 to 9-14-2015), the injured worker is out of Norco and he was not given any medications from the pharmacy. The medical records show that the injured worker has undergone at least 17 sessions of acupuncture between 12-30-2014 and 3-26-2015. Other treatment has included chiropractic therapy, a home exercise program, ice, heat, a knee steroid injection, crutches, a right knee brace, and medications including pain (Norco since at least 11-2014 to 6-2015), muscle relaxant (Cyclobenzaprine), and non-steroidal anti-inflammatory (Ibuprofen). Per the treating physician (9-14-2015 report), the injured worker remained temporarily totally disabled. The requested treatments included 12 sessions of acupuncture for the right knee and 1 urine drug screen. On 9-22-2015, the original utilization review non-certified a request for 1 urine drug screen and modified a request for 12 sessions of acupuncture for the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 Sessions of acupuncture right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The 39 year old patient complains of lower back pain and right knee pain, rated at 6/10, as per progress report dated 09/14/15. The request is for 12 sessions of acupuncture right knee. There is no RFA for this case, and the patient's date of injury is 10/24/14. Diagnoses, as per progress report dated 09/14/15, included lumbago, thoracic or lumbosacral neuritis or radiculitis, contusion of knee, and pain in lower leg joint. Medications included Naproxen, Norco, Lunesta and Pantoprazole. The patient is temporarily totally disabled, as per the same progress report. For acupuncture, the MTUS Acupuncture Treatment Guidelines 2007, page 8 Acupuncture section, recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, a request for acupuncture for right knee is noted in progress report dated 09/14/15. In progress report dated 01/13/15, the treater recommends that the patient should "continue acupuncture of the right knee," and in progress report dated 02/10/15, the treater states the patient "completed acupuncture of the right knee." However, all acupuncture treatment reports available from that time period appear to address the lower back. In the most recent report, dated 09/14/15, the treater indicates that the patient "only had acupuncture in the past for his lower back." The treater states the relief that the 12 sessions of Acupuncture gave the patient "would last whole day with minor pain." The sessions helped the patient "complete his activities of daily living with less discomfort" and also led to "improvement on his symptoms of pain." The patient also noticed improvement in range of motion, flexibility and strength. Given the benefits to the lower back, the treater is now requesting for acupuncture for the right knee. While acupuncture

may benefit the patient's knee, MTUS only recommends a trial of 3 to 6 sessions and states that additional treatments will require documentation of reduction in pain and improvement in function. Hence, the treater's request for 12 sessions appears excessive and IS NOT medically necessary.

### **1 Urine drug screen: Upheld**

**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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** The 39 year old patient complains of lower back pain and right knee pain, rated at 6/10, as per progress report dated 09/14/15. The request is for 1 urine drug screen. There is no RFA for this case, and the patient's date of injury is 10/24/14. Diagnoses, as per progress report dated 09/14/15, included lumbago, thoracic or lumbosacral neuritis or radiculitis, contusion of knee, and pain in lower leg joint. Medications included Naproxen, Norco, Lunesta and Pantoprazole. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, Criteria for Use of Opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is using Norco for pain relief, and is required to undergo urine drug screening to address aberrant behavior and dependency. A review of the available progress reports indicates that the patient has undergone toxicology screening on 06/16/16. An urine drug screen is again requested in the 09/14/15 report. The treater does not explain the need for such frequent testing. In fact, in the 09/14/15 report, the treater states the patient "shows no evidence of developing medication dependency." MTUS only recommends annual testing in "low risk" patients. Hence, the request IS NOT medically necessary.