

Case Number:	CM15-0200154		
Date Assigned:	10/15/2015	Date of Injury:	06/21/2014
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 35 year old male, who sustained an industrial injury on 6-21-2014. The injured worker is being treated for cervical sprain-strain with muscle spasms and cervicogenic headaches, lumbar sprain-strain with right lower extremity radiculopathy, and right knee internal derangement. Treatment to date has included diagnostics, acupuncture, physical therapy and medications. Per the handwritten Primary Treating Physician's Progress Report dated 9-15-2015, the injured worker reported intermittent worsening neck pain rated as 7-8 out of 10, lower back pain rated as 6-7 out of 10 described as constant with shooting pains to the bilateral legs and right knee pain was "getting better." Objective findings included tenderness to palpation of the cervical spine with spasm and painful range of motion. Per the medical records dated 6-15-2015 to 9-15-2015, there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. It is unclear from the medical records submitted, how many prior visits of acupuncture the IW has received. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 9-15-2015 for continuation of acupuncture (2-3 x6) for the cervical and lumbar spine, follow-up care, range of motion testing, and urine toxicology screening. On 10-01-2015, Utilization Review non-certified the request for acupuncture (2-3 x6) for the cervical and lumbar spine, follow-up care, range of motion testing, and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture, two to three times weekly for six weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The IW has had acupuncture treatments but it is unclear the number of sessions completed. An initial course of acupuncture is 3-6 visits per the MTUS. Following this, medical necessity for any further acupuncture is considered in light of functional improvement. After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS. The above request is not medically necessary.

Follow Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: office visit.

Decision rationale: Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss details for the requested visit. Documentation does not include previous visits with this requested provider, [REDACTED] or discussion of issues or care plan to be followed up. Without the support of the documentation, the request for a follow-up visit is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Computerized Muscle Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain: flexibility.

Decision rationale: Ca MTUS is silent. According the above ODG guideline, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent." The documentation does not support the treating provider has completed a thorough musculoskeletal examination including objective documentation of range of motion. The documentation does not provide a discussion for the desired testing. Without support of the documentation or adherence to the guideline, formal range of motion testing is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted in prior UR and in this review. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program, which is in accordance with the MTUS. The above request is not medically necessary.