

<b>Case Number:</b>	CM15-0200571		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	04/10/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 51 year old male patient who sustained an industrial injury 04-10-10. The diagnoses include carpal tunnel syndrome and cervical radiculitis. Per the doctor's note dated 11/6/15, he had complaints of neck pain and left hand pain. Physical exam revealed bilateral hand tenderness; tenderness over the lumbar paraspinal muscles with limited lumbar range of motion. Per the doctor's note dated 09-09-15, he had complaints of sharp aching pain, as well as numbness and tingling in the bilateral arms, shoulders, neck and head. The pain was rated at 9/10. The physical exam (09-09-15) revealed tenderness to both hands, the lumboparaspinal muscles and sacroiliac joints, full range of motion noted to the cervical spine, and limited range of motion noted to the lumbar spine. The medications list includes Lyrica and Cymbalta. He had a cervical spine MRI in 8/2015. Prior treatment includes bilateral carpal tunnel releases, a total of 6 surgeries on the bilateral hands, nerve blocks, an H wave unit, acupuncture, physical therapy, and medications. The original utilization review (10-01-15) non-certified the request for continued acupuncture to the bilateral wrists and a urine drug screen. There is no documentation of a prior urine drug screen in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture sessions (bilateral wrists): Upheld**

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

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

**Decision rationale:** Continued acupuncture sessions (bilateral wrists). CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The patient has had an unspecified number of acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. The response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Continued acupuncture sessions (bilateral wrists) is not medically necessary in this patient at this time.

**Urine drug testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** Urine drug testing: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the current medications list includes Lyrica and Cymbalta. Evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The medical necessity of urine drug testing is not medically necessary for this patient at this juncture.