

Case Number:	CM15-0208731		
Date Assigned:	10/27/2015	Date of Injury:	12/29/2014
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This injured worker is a 24 year old male who reported an industrial injury on 12-29-2014. His diagnoses, and or impressions, were noted to include: musculoligamentous strain of the cervical spine with cervical spondylosis; musculoligamentous strain of the lumbar spine with myofasciitis; and lower lumbar facet syndrome. No imaging studies were noted. His treatments were noted to include: an orthopedic agreed medical evaluation on 8-19-2015; physical therapy modality treatments; acupuncture, medication management; and rest from work. The orthopedic progress notes of 9-10-2015 reported: pain in the lower back, concentrated in the right sacroiliac joint; pain in the mid-back and cervical spine which increased with repetitive movements of the cervical spine; and difficulty with heavy lifting, repetitive bending and scooping. The objective findings were noted to include: the use of a cane, due to reported instability; tenderness over the lumbar para-vertebral muscles, with spasms and guarding; palpable trigger points with positive twitch response; tenderness over the sacroiliac joint region; tenderness over the cervical para-cervical muscles, supra-scapular region, and trapezial muscles; and limited cervical forward flexion-extension. The physician's requests for treatment were noted to include acupuncture therapy, 8 sessions, and a urine toxicology study for baseline values, as he had been on analgesics and narcotics for a long period of time. The Request for Authorization, dated 9-10-2015, was noted to include acupuncture therapy, 8 visits. The Utilization Review of 9-28-2015 non-certified the requests for 8 acupuncture therapy visits for the cervical and lumbar spine, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture therapy visits 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: Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this chronic 2014 injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, improved VAS score, decreased pharmacological profile of use and dose, decreased medical utilization nor is there report of acute flare-up or new injuries from conservative treatments already rendered. The 8 acupuncture therapy visits for the cervical and lumbar spine is not medically necessary and appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.

