

Case Number:	CM15-0056346		
Date Assigned:	04/01/2015	Date of Injury:	04/30/2008
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 64 year old female who sustained an industrial injury on 04/30/2008. Diagnoses include lumbar spine herniated nucleus pulposus. Treatment to date has included medications, chiropractic sessions, and physical therapy. A recent physician progress note documents the injured worker has continued pain in the cervical and thoraco-lumbar spine that is unchanged. The injured worker has pain and spasms the lumbar spine, with no changes in motion, sensation and strength. The treatment plan is for acupuncture, chiropractic sessions, a urine drug screen and medications. Treatment requested is for Acupuncture 2x6 for the low back, Chiropractic 2x6 for the low back, and Urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain in the lumbar spine, rated 5/10, with spasms. The request is for Acupuncture 2 X 6 for the Low Back. Patient's diagnosis, per Request for Authorization form dated 09/02/14 includes lumbar disc herniation. Patient's medications, per 11/24/14 progress report include Keratek Gel and Flurbiprofen/Cyclo/Mentho 20%/10%/4%. Patient is retired. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D)Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In progress report dated 02/09/15, under Treatment Plan, treater is requesting acupuncture treatment to improve body mechanics and postural stabilization. In review of the medical records provided, there were no records of the patient having had acupuncture treatments. Given the patient's symptoms, a trial of acupuncture would be appropriate. However, the requested 12 sessions of acupuncture exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Chiropractic 2x6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9.

Decision rationale: The patient presents with pain in the lumbar spine, rated 5/10, with spasms. The request is for Chiropractic 2 x 6 for the Low Back. Patient's diagnosis, per Request For Authorization form dated 09/02/14 includes lumbar disc herniation. Patient's medications, per 11/24/14 progress report include Keratek Gel and Flurbiprofen/Cyclo/Mentho 20%/10%/4%. Patient is retired. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In progress report dated 02/09/15, under Treatment Plan, treater is requesting chiropractic treatment to correct subluxations throughout the spine. UR letter dated 02/23/15 states that the patient has had unknown prior sessions of chiropractic treatment. In this case, there is no evidence of objective functional improvement, decrease in pain and improvement in quality of life, as required by MTUS. The request is not in line with guideline recommendations and therefore, it is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in the lumbar spine, rated 5/10, with spasms. The request is for Urine Toxicology Screen. Patient's diagnosis, per Request for Authorization form dated 09/02/14 includes lumbar disc herniation. Patient's medications, per 11/24/14 progress report include Keratek Gel and Flurbiprofen/Cyclo/Mentho 20%/10%/4%. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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. In progress report dated 02/09/15, under Treatment Plan, treater prescribed Naproxen to help with pain and symptoms and requested authorization for a urine toxicology screening to check efficacy of medications. In review of the medical records provided, there were no records of patient utilizing opioids. However, the records indicate that the patient had two urine toxicology reports, dated 11/24/14 and 01/19/15. MTUS and ODG supports the use of urine toxicology for opiate management but this patient is not taking any opiates. The request is not medically necessary.