

Case Number:	CM15-0082927		
Date Assigned:	05/05/2015	Date of Injury:	06/13/2013
Decision Date:	06/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on June 14, 2013. He reported low back pain radiating to the buttock and lower extremities. The injured worker was diagnosed as having spondylolisthesis/pars defect at the lumbar 5 through sacral 1 level with broad-based disc protrusion and foraminal stenosis and status post anterior posterior spinal fusion of the lumbar spine at lumbar 5 through sacral 1 levels with decompression on March 4, 2014. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating into the lower extremities and frank depression secondary to not improving at the speed and level expected. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 15, 2014, revealed severe emotional distress and frank depression secondary to continued pain. It was noted physical therapy and acupuncture were helpful. Acupuncture and a urinary drug screen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2013 and underwent a lumbar decompression and fusion in March 2014. He had 12 post-operative physical therapy treatments as well as acupuncture. When seen, pain was rated at 5-7/10. There was lumbar spine tenderness. Norco was refilled. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, functional improvement with an unknown number of prior treatments is not documented. The request is therefore cannot be considered as being medically necessary.

Urine drug testing, 6 panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in June 2013 and underwent a lumbar decompression and fusion in March 2014. He had 12 post-operative physical therapy treatments as well as acupuncture. When seen, pain was rated at 5-7/10. There was lumbar spine tenderness. Norco was refilled. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appear to be at low risk for addiction/aberrant behavior Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the requesting provider does not appear to have performed prior urine drug screening and therefore the request was medically necessary.