

Case Number:	CM14-0129559		
Date Assigned:	08/20/2014	Date of Injury:	05/04/2013
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 22 year old female was reportedly injured on May 4, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of low back pain, right shoulder pain, right hip pain, right knee pain, and right ankle pain. The physical examination demonstrated an antalgic gait, tenderness at the right shoulder acromioclavicular joint and slightly reduced right shoulder range of motion, positive impingement test, lumbar spine notes tenderness along the paraspinal muscles, and decreased lumbar spine range of motion, examination the right knee noted abnormal patellar tracking and a positive patellar grind, negative McMurray's test and no sign of instability, tenderness at the lateral aspect of the right ankle. Diagnostic imaging studies were not reviewed during this visit. A request was made for eight visits of acupuncture for the lumbar spine and a reevaluation in six weeks as well as a urinalysis and was not certified in the preauthorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 lumbar spine, re evaluation within 6 weeks: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines acupuncture is considered as an option when pain medication is reduced or not tolerated and as an adjunct to a physical rehabilitation program. A review of the medical records does not indicate that the injured employee has reduced or does not tolerate any medications nor is it stated that she is currently in a rehab program. As such, this request for eight visits of acupuncture for the lumbar spine is not medically necessary. Similarly there is no indication for a follow up in six weeks as there is no change for the injured employees treatment program.

Urine analysis UDS DOS 7/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a urine analysis is not medically necessary.