

Case Number:	CM14-0150259		
Date Assigned:	09/18/2014	Date of Injury:	04/02/2013
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation and is licensed to practice in California. 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 injured worker is a 41-year-old male who reported a cumulative trauma and exposure injury on 04/02/2013. Current diagnoses include cervical and thoracic disc disease, lumbar spine disc disease with stenosis, bilateral shoulder bursitis/tenonitis, bilateral knee meniscal tear, bilateral ankle plantar fasciitis, and stress/depression. Previous conservative treatment is noted to include medication management, TENS therapy, acupuncture, physical therapy, bracing, and heat/cold therapy. The injured worker was evaluated on 07/16/2014 with complaints of persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation of the cervical spine with decreased range of motion. Treatment recommendations at that time include an internal medicine consultation, acupuncture, a general orthopedic consultation, a urine drug screen, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 07/16/2014 for an orthopedic followup visit, infrared electric acupuncture, and capsaicin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of diagnostic management prior to the request for an internal medicine evaluation. The medical necessity for the requested evaluation has not been established. As such, the request for internal medicine evaluation is not medically necessary and appropriate.

Chromatography - Retrospective from 6/17/14: 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): 43-77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of the urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no evidence of ongoing opioid treatment. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the retrospective request for chromatography - from 6/17/14 is not medically necessary and appropriate.

Acupuncture for the Shoulder, Knee, Neck, Lumbar, Ankle 3x per week for 4 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. There was also no documentation of a physical examination of the shoulder, knee, lumbar spine, or ankle on the requesting date. As such, the request for acupuncture for the shoulder, knee, neck, lumbar, ankle 3 x per week for 4 weeks is not medically necessary and appropriate.

Capsaicin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength, frequency, or quantity listed in the request. As such, the request for capsaicin patch is not medically necessary and appropriate.