

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0017040 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 12/23/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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 58-year-old female, who sustained an industrial injury on 12/23/2013, while working as a cook. She reported a fall with injuries to the neck, low back, shoulders, and hips. The diagnoses have included headache, mood disorder, cervicalgia, concussion syndrome, and thoracic and cervical sprain/strain. Treatment to date has included conservative measures. Magnetic resonance imaging of the cervical spine, dated 2/20/2014, showed minimal central disc protrusion C3-4, mild broad-based disc bulge and bilateral uncovertebral osteophytes C4-5, broad-based and a large left uncovertebral osteophyte and a small right uncovertebral osteophyte C6-7, and severe left neural foraminal stenosis at C6-7. Magnetic resonance imaging of the cervical spine, dated 1/30/2015, noted disc desiccation at C2-3 down through C6-7, facet arthropathy, broad-based disc herniation C3-6, and diffuse disc herniation C6-7. Magnetic resonance imaging of the right shoulder, dated 1/30/2015, showed partial thickness tear of the supraspinatus and infraspinatus. Magnetic resonance imaging of the lumbar spine, dated 1/30/2015, noted disc desiccation at T12-L1 down to L5-S1, and focal and broad-based disc herniation. Acupuncture treatments were referenced in the PR2 report dated 6/23/2014, 10/27/2014, and 11/24/2014. Specific results from acupuncture were not noted. Currently, the injured worker complains of headaches and memory loss. She also reported pain in the neck with muscle spasms, bilateral shoulder pain, and low back pain with radiation down both hips. Pain was rated 7-8/10. She reported anxiety and depression related to her injury. Physical exam noted tenderness to palpation at the occiput at the back of the head, generalized tenderness over the muscles and joints of her bilateral shoulders, palpable tenderness with spasms at the lumbar

paraspinal muscles, over the lumbosacral junction, and at the spinous processes L2-S1, as well as at the sciatic notch. Decreased range of motion was noted to the spine and bilateral shoulders. Slightly decreased sensation at L4, L5, and S1 dermatomes bilaterally was noted. Motor strength was 4/5 in all represented muscle groups in the bilateral lower extremities. Medications noted were Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol. On 1/15/2015, Utilization Review non-certified a request for (1) urinalysis, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a request for (18) acupuncture sessions for the cervical spine, citing the MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: This patient presents with headaches, memory loss, neck, bilateral shoulder, and low back pain. The patient is status post cervical epidural steroid injection from 04/25/2014. The treater is requesting ONE URINALYSIS. The RFA dated 11/24/2014 notes, please see attached page 1 to this RFA. The patient's date of injury is from 12/23/2013 and she is currently off work. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months the 10/27/2014 urine drug screen shows inconclusive results. It was unclear from the report whether or not the results were consistent with the patient's prescribed medications. The 10/27/2014 report shows that the patient's current list of medication include Deprizine, Dicopanol, Fanatrex, Synapryn, cyclobenzaprine, and ketoprofen cream. In this case, while the treater does not discuss the patient's risk assessment, the ODG Guidelines recommend once yearly urine drug screen and 1 follow-up for a total of 2 per year. The current request for 1 urinalysis is supported by the guidelines. The request IS medically necessary.

18 acupuncture sessions for the cervical spine: 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: This patient presents with headaches, memory loss, neck, bilateral shoulder, and low back pain. The patient is status post cervical epidural steroid injection from 04/25/2014. The treater is requesting 18 ACUPUNCTURE SESSIONS FOR THE CERVICAL SPINE. The RFA dated 11/24/2014 notes, please see attached page 1 to this RFA. The patient's date of injury is from 12/23/2013 and her current work status is off work. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports. While a trial of acupuncture may be appropriate for this patient's chronic pain, the requested 18 sessions exceeds MTUS recommended 3 to 6 initial visits. The request IS NOT medically necessary.