

Case Number:	CM15-0121745		
Date Assigned:	07/02/2015	Date of Injury:	08/04/2014
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury on 8/4/14. The injured worker was diagnosed as having low back pain. Treatment to date has included injections and medication. Currently, the injured worker complains of joint pain, muscle spasms, sore muscles, and weakness. The treating physician requested authorization for a random urine drug screen and acupuncture 2x3 for the cervical spine, lumbar spine, bilateral wrists, bilateral knees, and right ankle.

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 3 weeks, cervical and lumbar spine, bilateral wrist, bilateral knee, right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in August 2014 with low back pain. Treatment to date has included unspecified injections and medication. There is still joint pain, muscle spasms, sore muscles, and weakness. Outcomes of prior injections, and what kind they were are not noted. No overt drug abuse or diversion behaviors are noted. There is no mention of outcomes out of past acupuncture, if done. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Prior acupuncture history is unknown. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). As the type of past injections were not mentioned; it is not clear if there was past acupuncture, and if so, what the improvement outcomes were. It is possible this frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. Further, multiple areas are mentioned as being painful, and it is not clear how the acupuncture would address so many diverse areas. The sessions are appropriately not medically necessary under the MTUS Acupuncture criteria.

Random urine sample (random drug screen): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: As shared previously, this claimant was injured in August 2014 with low back pain. Treatment to date has included injections and medication. There is still joint pain, muscle spasms, sore muscles, and weakness. Outcomes of prior injections are not noted. No overt drug abuse or diversion behaviors are noted. The request though was for a drug test. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids and (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.