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| Case Number: | CM15-0178920 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 03/05/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Arizona, Michigan
 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 44 year old female, who sustained an industrial injury on 3-5-2013. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease with myelopathy, left shoulder internal derangement and right elbow-wrist sprain-strain. A recent progress report dated 7-30-2015, reported the injured worker complained of lumbar pain rated 6 out of 10, left shoulder pain rated 6 out of 10, right wrist pain rated 10 out of 10 and right elbow pain. Physical examination revealed lumbar range of motion was extension 15 degrees, flexion 50 degrees and right and left lateral bending 15 degrees, left shoulder abduction 160 degrees, adduction 30 degrees, extension 30 degrees, external rotation 80 degrees, flexion 160 degrees and internal rotation 70 degrees. Right elbow range of motion was 130 degrees flexion and right wrist was extension and flexion 50 degrees with radial deviation 15 degrees and ulnar deviation 20 degrees. Left shoulder was documented as painful. Treatment to date includes medication management. On 7-30-2015, the Request for Authorization was for Acupuncture, 2 times weekly for 3 weeks, 6 sessions, Chiropractic sessions, 2 times weekly for 3 weeks, 6 sessions, Orthopedic consultation and Urinalysis for medication management. On 8-11-2015, the Utilization Review noncertified requests for Acupuncture, 2 times weekly for 3 weeks, 6 sessions, Chiropractic sessions, 2 times weekly for 3 weeks, 6 sessions, Orthopedic consultation and Urinalysis for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments, 1-3 times a week for 1-2 months. A review of the injured workers medical records reveal that she is being managed for low back, shoulder and wrist pain. Unfortunately the request does not state which part of her anatomy treatment is being requested for and without this information it is not possible to establish medical necessity, therefore the request for Acupuncture, 2 times wkly for 3 wks, 6 sessions is not medically necessary.

Chiropractic sessions, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculo-skeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Unfortunately the request does not state which part of her anatomy treatment is being requested for and without this information it is not possible to establish medical necessity, therefore the request for chiropractic sessions, 2 times wkly for 3 wks, 6 sessions is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition 2004, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS / ACOEM 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. Unfortunately the request does not state which part of her anatomy treatment is being requested for and without this information it is not possible to establish medical necessity, therefore the request for orthopedic consultation is not medically necessary.

Urinalysis for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information the request for Urine Drug Test is not medically necessary or established.