

Case Number:	CM15-0028274		
Date Assigned:	02/20/2015	Date of Injury:	02/25/2009
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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, Pain Management

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 60 year old male, who sustained a work/ industrial injury on 2/25/09 while stocking boxes on shelves and felt pain in the right knee. He has reported symptoms of continued right knee pain. Prior medical history includes diabetes mellitus and hypertension. The diagnoses have included lumbar myofascial sprain/strain, failed right total knee replacement with revision, osteoarthritis, of left knee s/p successful total knee replacement. Treatments to date included medication, creams, and therapies. Diagnostics included Magnetic Resonance Imaging (MRI) that reported torn meniscus with small joint effusion. Medications included Tramadol. On 1/16/15, Utilization Review non-certified an Acupuncture; Urinalysis for toxicology, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines was cited. On 1/16/15, Utilization Review non-certified an Internal consult; Noninvasive DNA test, noting the Non-Medical treatment Utilization Schedule (MTUS), with ACOEM Guidelines and Official Disability Guidelines (ODG) cited instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is evident that in November 2014 the patient was authorized for acupuncture. However, the functional benefit of the acupuncture authorized in the past is not noted. Thus, the currently requested acupuncture is not medically necessary.

Urinalysis for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. In the submitted documents, it appears the patient underwent urine toxicology testing in August 26, 2014, Sept 26, 2014, and October 16, 2014 to assess for tramadol. Each time the result was positive for tramadol metabolite which seems to be expected although the lab report does not an "inconsistent" result. No further notation of aberrant behaviors or opioid risk stratification (such as the ORT or SOAPP) is noted. The MTUS recommends screening in cases of aberrancy or diversion. Without further documentation, the currently requested urine toxicology test is not medically necessary.

Internal consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for internal medicine consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, the issue is that there is not clear documentation of how a consultation will benefit the course of care. The requesting provider documents "abnormal ANS" as the reason for internal medicine consultation without further explanation. Due to the lack of documentation, this request is not necessary.

Noninvasive DNA test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th Edition, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for a DNA test, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. There are no evidence-based consensus guidelines in the pain medicine literature to support these tests. As such, the currently requested DNA test is not medically necessary.