

<b>Case Number:</b>	CM15-0070885		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female patient, who sustained an industrial injury on 4/19/2010. The diagnoses include possible complex regional pain syndrome left upper extremity, left shoulder degenerative disc disease, and cervical spondylosis. Per the doctor's note dated 3/12/2015, she had complaints regarding her injury to the cervical spine, shoulder, and left arm. She had a stellate ganglion block over one year prior that helped palliate pain for quite some time. The physical examination revealed hyperalgesia over the right forearm, allodynia over the dorsum of the right forearm, tenderness over the left paracervical muscles, left trapezius, left AC joint and left subscapularis notch. The medications list includes Lidopro topical, Nalfon, norco (occasional use) and Aciphex. She has had physical therapy and acupuncture. She had recently undergone chiropractic care and physical therapy for the left shoulder and neck, that "is helping her". A drug screen was obtained due to a prior prescription for opioids. A previous drug screen, dated 9/18/2014, was submitted and negative for tested substances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS 3-12-2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Retrospective Urine Drug Screen (DOS 3-12-2015). Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs."The patient is taking Norco, which is an opioid. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The patient last had a urine drug screen, dated 9/18/2014, which was negative for tested substances. The request of retrospective Urine Drug Screen (DOS 3-12-2015) was medically appropriate and necessary for this patient at that juncture.

**Acupuncture 8 Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture 8 Visits. MTUS guidelines: Acupuncture Medical Treatment Guidelines: 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture 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."The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, per the cited guidelines "Time to produce functional improvement: 3 to 6 treatments (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)."She has had acupuncture visits, physical therapy and chiropractic visits for this injury. There is no evidence of significant ongoing objective progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical necessity of acupuncture 8 Visits is not fully established in this patient at this time.

**Physical Therapy 6 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Physical Therapy 6 Visits. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 6 Visits is not established for this patient at this time.