

<b>Case Number:</b>	CM15-0091594		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Emergency 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:

This is a 45 year old female with a June 15, 2004 date of injury. A progress note dated March 25, 2015 documents subjective findings (neck pain radiating down the bilateral upper extremities left greater than right pain radiating bilaterally to the shoulders and hands; tingling in the bilateral upper extremities and numbness frequently in the bilateral upper extremities to the level of the hands; pain rated at a level of 7/10 on average with medications; pain rated at a level of 9/10 on average without medications; pain is unchanged since last visit; gastroesophageal reflux disease related, medication associated gastrointestinal upset), objective findings (tenderness noted on palpation at the right hand; decreased range of motion in the right wrist due to pain; decreased range of motion in the right hand due to pain; decreased strength of the extensor muscles of the right upper extremity; decreased grip strength on the right), and current diagnoses (medication related dyspepsia; chronic regional pain syndrome bilateral upper extremities; chronic pain other). Treatments to date have included acupuncture (very helpful), medications (including anti-seizure, H-2 blocker, NSAID, and opioids), spinal cord stimulator, IPG placement, and home exercise. The medical record identifies that medications very helpful in her functions and activities of daily living. Last urine drug screen was 2/27/15. The treating physician documented a plan of care that included medications, acupuncture, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 sessions of acupuncture:** Upheld

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

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

**Decision rationale:** As per MTUS Acupuncture guidelines, additional acupuncture may be considered under certain criteria. Patient had received several acupuncture sessions and reported that it was "very helpful". However, there is no documented improvement in pain or objective function. Pain and disability continues to be poor. Additional acupuncture is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids-Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS from 2/27/15 that while inconsistent due to lack of gabapentin, lacked any illicit drugs. There is no indication that patient is at risk for abuse. Urine Drug Screen us not medically necessary.