

Case Number:	CM15-0096818		
Date Assigned:	05/27/2015	Date of Injury:	02/09/2015
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 44 year old male, who sustained an industrial injury on 2/09/2015, as a result of cumulative trauma. The injured worker was diagnosed as having depression, right shoulder pain, right lateral epicondylitis, and right arm pain. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently (4/01/2015), the injured worker was seen for complaints of pain in his right shoulder, right arm, and right elbow. Pain was rated 8/10 with medications and 10/10 without. He was currently not working, noting total temporary disability, and reported difficulty sleeping, psychological problems, pain for greater than 2 weeks, headaches, dizziness, tinnitus, loss of balance, and bowel and bladder incontinence. He reported that he recently started smoking again due to stress and trying cannabis recently for pain relief. Current medication included Advil. Physical exam noted a sling to his right arm. Spurling's test was positive and sensation was decreased in the right hand. His right grip was decreased and there was tenderness to palpation over the cervical paraspinals, upper trapezius, scapular border, and right wrist. There was limited range of motion in the bilateral shoulders secondary to pain. There was also tenderness to palpation over the bilateral bicipital tendon, as well as the right lateral epicondyle. He was prescribed Omeprazole, Gabapentin, and Tramadol. The treatment plan included acupuncture for the right arm and shoulder (2x6) and urine drug screening.

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 6 weeks for the right arm and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 2 times a week for 6 weeks for the right arm and right shoulder, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has pain in his right shoulder, right arm, and right elbow. Pain was rated 8/10 with medications and 10/10 without. He was currently not working, noting total temporary disability, and reported difficulty sleeping, psychological problems, pain for greater than 2 weeks, headaches, dizziness, tinnitus, loss of balance, and bowel and bladder incontinence. He reported that he recently started smoking again due to stress and trying cannabis recently for pain relief. Current medication included Advil. Physical exam noted a sling to his right arm. Spurling's test was positive and sensation was decreased in the right hand. His right grip was decreased and there was tenderness to palpation over the cervical paraspinals, upper trapezius, scapular border, and right wrist. There was limited range of motion in the bilateral shoulders secondary to pain. The treating physician has not documented the medical necessity for acupuncture sessions beyond the recommended 3-4 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture 2 times a week for 6 weeks for the right arm and right shoulder is not medically necessary.

Urine toxicology screen: Upheld

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

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

Decision rationale: The requested Urine toxicology screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain in his right shoulder, right arm, and right elbow. Pain was rated 8/10 with medications and 10/10 without. He was currently not working, noting total temporary disability, and reported difficulty sleeping, psychological problems, pain for greater than 2 weeks, headaches, dizziness, tinnitus, loss of balance, and bowel and bladder incontinence. He reported that he recently started smoking again due to stress and trying cannabis recently for pain relief. Current medication included Advil. Physical exam noted a sling to his right arm. Spurling's test was positive and

sensation was decreased in the right hand. His right grip was decreased and there was tenderness to palpation over the cervical paraspinals, upper trapezius, scapular border, and right wrist. There was limited range of motion in the bilateral shoulders secondary to pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine toxicology screen is not medically necessary.