MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

1948
[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0020521	**Date of Injury:**	02/13/2013
Claims Number:	[redacted]	**UR Denial Date:**	08/20/2013
Priority:	STANDARD	**Application Received:**	09/05/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:			
ACUPUNCTURE TWO TIMES A WEEK FOR THREE WEEKS, THORACIC SPINE QUANTITY 6 TOXICOLOGY-URINE DRUG SCREEN TO BE PERFORMED AT NEXT OFFICE VISIT FOR MEDICATION COMPLIANCE			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

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

The patient is a 75-year-old male who reported a work-related injury on 02/13/2013 due to a motor vehicle accident. Computed tomography (CT) scan of the neck showed degenerative disc disease at C6-7 with foraminal narrowing. CT scan of the thoracic spine showed no acute fracture but anterior wedging of the T7 and T8, are most likely chronic. CT scan of the lumbar spine showed diffuse osteopenia. The clinical documentation submitted for review stated that on 07/08/2013, the patient complained of some residual right-sided mid back pain that he rated as 5/10 to 6/10. The patient was receiving physical therapy and making good progress. Physical exam revealed tenderness was noted over the right thoracic spine with spasm. Active range of motion of the lumbar spine revealed 45 degrees flexion, 10 degrees extension and 25/20 degrees lateral bending, right and left. A clinical note dated 08/06/2013 stated the patient complained of low back pain. The patient was noted to be exercising at home by walking. The patient had completed 24 sessions of physical therapy and due to the patient's persistence of pain, a request for authorization for acupuncture for the thoracic spine for 2 times a week for 3 weeks was noted. Clinical note dated 09/11/2013 stated that the patient complained of persistent flare ups about their lower back region and also complained of right elbow pain that had been exacerbated with gripping, grasping and squeezing activities. Tenderness was noted over the lumbar spine with range of motion of the lumbar spine at 40 degrees flexion, 15 degrees extension and 15 degrees lateral bending bilaterally, and deep tendon reflexes of the upper and lower extremities were +2 and symmetrical. Their medications include Xanax, Atenolol, Accupril and Vicodin. The treatment plan was noted to continue a home exercise program and use Vicodin as needed and authorization for acupuncture 2 times a week for 3 weeks.

IMR DECISION(S) AND RATIONALE(S)

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

1. Acupuncture two times a week for three weeks, thoracic spine is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale: The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used 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. The medical records provided for review indicates that the employee was not reported to have their pain medication reduced. The employee takes Vicodin as needed for pain. The employee was also noted to be exercising at home by walking, and completed 24 visits of physical therapy in with reported good progress. **The request for acupuncture 2 times a week for 3 weeks is not medically necessary and appropriate.**

2. Urine drug screen to be performed at next office visit for medication compliance is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS. Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment; and the frequency of urine drug testing may be dictated by state and local laws. The medical records provided for review lacked documentation stating when the employee's last urine drug screen was performed. Indications for a urine drug screen include that if a patient has evidence of a high risk of addiction, a history of aberrant behavior, a personal or family history of substance abuse or a personal history of sexual or physical trauma; then ongoing urine drug testing is indicated as an adjunct to monitoring, along with clinical exams and pill counts. **The request for a urine drug screen to be performed at the next office visit for medication compliance is not medically necessary and appropriate.**

/js

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decision

[redacted]

CM13-0020521