

<b>Case Number:</b>	CM13-0007649		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old male who reported an injury on 04/20/2006. The patient is currently diagnosed with lumbar disc disease with radiculopathy, lumbar strain/sprain, myofasciitis and sacroilitis. The patient was seen on 09/11/2013. The patient reported no change in pain symptoms. Objective findings included no acute distress with normal cervical alignment and curvature of the cervical spine, mild to moderate tenderness from the suboccipital region down to the paravertebral musculature to the trapezius and scapular areas bilaterally, mild pain with manipulation of the bilateral shoulders with full passive range of motion, decreased range of motion of the lumbar spine and mild to moderate sacroiliac tenderness bilaterally. Treatment recommendations included the continuation of current medications, trigger point injections, epidural steroid injections, physical therapy, acupuncture treatment and a trial of an intrathecal drug delivery system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal drug delivery system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Implantable drug-delivery system (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

**Decision rationale:** The California MTUS Guidelines indicate that implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of primary liver cancer, metastatic colorectal cancer, head and neck cancers or severe refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen therapy. Implantable drug delivery systems are recommended only as an endstage treatment alternative for selective patients for specific conditions after the failure of at least 6 months of less invasive methods and following a successful temporary trial. As per the clinical notes submitted, the patient has predominant mechanical axial pain without significant radiculopathy. Prior to an intrathecal pump implantation trial, all primary and secondary treatment modalities must be exhausted. The patient does not appear to be a candidate for an intrathecal drug delivery system trial. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Trigger point injections x10 with USG guidance to low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the clinical notes submitted, the patient does not currently meet the criteria for a trigger point injection. The patient does not demonstrate trigger points upon palpation with a twitch response as well as referred pain. Therefore, the current request is non-certified.

**Epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted for review, the patient does not demonstrate signs of radiculopathy upon physical examination. Additionally, there was no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. There are no clinical imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received, the request is non-certified.

**Additional acupuncture 1x12 lumbar:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that the time to produce functional improvement for acupuncture includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. As per the clinical notes submitted for review, the patient has completed a previous course of acupuncture therapy. It was recommended on 09/11/2013 by the treating physician that the patient continue medications and return to acupuncture. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Furthermore, the current request for 12 sessions of acupuncture exceeds the guideline recommendations. As such, the request is non-certified.