

<b>Case Number:</b>	CM13-0040930		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine & Rehabilitation 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:

This 24 year-old male Kitchen Worker sustained an injury after lifting water buckets on 11/21/12 while employed by [REDACTED]. Requests under consideration include 1 orthopedic consult, 6 acupuncture sessions, 12 chiropractic sessions, 1 urinalysis (UA) screening, and 1 topical cream. Ortho QME report from [REDACTED] on 4/22/13 noted the patient to be P&S for diagnoses of lumbar strain and facet syndrome. There is an MRI of the lumbar spine dated 5/16/13 with mild articular facet hypertrophy and 2.5 mm disc protrusion at L4-5 without canal or neural foraminal stenosis. Pain management, [REDACTED] had follow-up report of 9/18/13 for complaints of low back pain radiating posteriorly to the knees. It was noted pain was not helped by interferential unit or medications (Fioricet, Tramadol, Naproxen and Omeprazole). Recent lumbar epidural steroid injection (LESI) was only slightly helpful. Diagnoses included lumbar disc displacement without myelopathy; low back pain with bilateral lower extremity radiculopathy; lumbar facet joint syndrome; myalgia; and insomnia. Psych evaluation and repeat LESI were recommended. Hand-written report dated 9/12/13 from [REDACTED] was illegible for subjective and objective sections. Diagnosis listed as lumbar strain/sprain. Requests as above were non-certified on 10/14/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 orthopedic consult.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** This 24 year-old male Kitchen Worker sustained an injury after lifting water buckets on 11/21/12 while employed by [REDACTED]. Ortho QME report from [REDACTED] on 4/22/13 noted the patient to be P&S for diagnoses of lumbar strain and facet syndrome. There is an MRI of the lumbar spine dated 5/16/13 with mild articular facet hypertrophy and 2.5 mm disc protrusion at L4-5 without canal or neural foraminal stenosis. Pain management, [REDACTED] had follow-up report of 9/18/13 for complaints of low back pain radiating posteriorly to the knees. It was noted pain was not helped by interferential unit or medications (Fioricet, Tramadol, Naproxen and Omeprazole). Recent LESI was only slightly helpful. Diagnoses included lumbar disc displacement without myelopathy; low back pain with bilateral lower extremity radiculopathy; lumbar facet joint syndrome; myalgia; and insomnia. Psych evaluation and repeat LESI were recommended. Hand-written report dated 9/12/13 from [REDACTED] was illegible for subjective and objective sections. Diagnosis listed as lumbar strain/sprain. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the orthopedic QME has no recommendation for surgery. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study remarkable for any surgical lesion. The orthopedic consult is not medically necessary and appropriate.

**6 acupuncture sessions.:** Upheld

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

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

**Decision rationale:** This 24 year-old male Kitchen Worker sustained an injury after lifting water buckets on 11/21/12 while employed by [REDACTED]. Ortho QME report from [REDACTED] on 4/22/13 noted the patient to be P&S for diagnoses of lumbar strain and facet syndrome. There is an MRI of the lumbar spine dated 5/16/13 with mild articular facet hypertrophy and 2.5 mm disc protrusion at L4-5 without canal or neural foraminal stenosis. Pain management, [REDACTED] had follow-up report of 9/18/13 for complaints of low back pain radiating posteriorly to the knees. It was noted pain was not helped by interferential unit or medications (Fioricet, Tramadol, Naproxen and Omeprazole). Recent LESI was only slightly helpful. Diagnoses included lumbar disc displacement without myelopathy; low back pain with bilateral lower extremity radiculopathy; lumbar facet joint syndrome; myalgia; and insomnia. Psych evaluation and repeat LESI were recommended. Hand-written report dated 9/12/13 from [REDACTED] was illegible for subjective and objective sections. Diagnosis listed as lumbar strain/sprain. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this 2012 injury nor what functional benefit if any were derived from treatment. Submitted

reports have not demonstrated the medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 6 acupuncture sessions is not medically necessary and appropriate.

**12 chiropractic sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** This 24 year-old male Kitchen Worker sustained an injury after lifting water buckets on 11/21/12 while employed by [REDACTED]. Ortho QME report from [REDACTED] on 4/22/13 noted the patient to be P&S for diagnoses of lumbar strain and facet syndrome. There is an MRI of the lumbar spine dated 5/16/13 with mild articular facet hypertrophy and 2.5 mm disc protrusion at L4-5 without canal or neural foraminal stenosis. Pain management [REDACTED] had follow-up report of 9/18/13 for complaints of low back pain radiating posteriorly to the knees. It was noted pain was not helped by interferential unit or medications (Fioricet, Tramadol, Naproxen and Omeprazole). Recent LESI was only slightly helpful. Diagnoses included lumbar disc displacement without myelopathy; low back pain with bilateral lower extremity radiculopathy; lumbar facet joint syndrome; myalgia; and insomnia. Psych evaluation and repeat LESI were recommended. Hand-written report dated 9/12/13 from [REDACTED] was illegible for subjective and objective sections. Diagnosis listed as lumbar strain/sprain. Submitted reports have not adequately addressed the medical indication for chiropractic care nor is there any demonstrated neurological deficit to render chiropractic treatment for this P&S injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from previous extensive conservative treatment for this P&S injury of 2012. The 12 chiropractic sessions is not medically necessary and appropriate.

**1 urinalysis (UA) screening:** Upheld

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

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

**Decision rationale:** Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is noted per latest report from [REDACTED] on 9/12/13 to have request for an unspecified topical cream. It is unclear if the patient is prescribed any oral opioids as he is also followed by a pain management physician. MTUS, Chronic Pain Guidelines, Drug Testing, page 43, Recommended as an option, using a urine drug

screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction; However, criteria are not met. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 urinalysis (UA) screening is not medically necessary and appropriate.

**1 topical cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

**Decision rationale:** This 24 year-old male Kitchen Worker sustained an injury after lifting water buckets on 11/21/12 while employed by [REDACTED]. Ortho QME report from [REDACTED] on 4/22/13 noted the patient to be P&S for diagnoses of lumbar strain and facet syndrome. There is an MRI of the lumbar spine dated 5/16/13 with mild articular facet hypertrophy and 2.5 mm disc protrusion at L4-5 without canal or neural foraminal stenosis. Pain management, [REDACTED] had follow-up report of 9/18/13 for complaints of low back pain radiating posteriorly to the knees. It was noted pain was not helped by interferential unit or medications (Fioricet, Tramadol, Naproxen and Omeprazole). Recent LESI was only slightly helpful. Diagnoses included lumbar disc displacement without myelopathy; low back pain with bilateral lower extremity radiculopathy; lumbar facet joint syndrome; myalgia; and insomnia. Psych evaluation and repeat LESI were recommended. Hand-written report dated 9/12/13 from [REDACTED] was illegible for subjective and objective sections. Diagnosis listed as lumbar strain/sprain. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to name is this unspecified compound topical; however, ingredients are listed as tramadol, gabapentin and cyclobenzaprine, all of which are not recommended per guidelines. Submitted reports have not demonstrated how it is medically necessary to treat this injured worker with a topical compound cream who is not intolerable to oral medications. The 1 topical cream is not medically necessary and appropriate.