

<b>Case Number:</b>	CM13-0055600		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/07/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. The expert 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 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/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 patient reported a date of injury of 08/07/2011. According to report dated 10/29/2013 by [REDACTED], patient presents with chronic low back pain. The pain is located in the lumbar spine and lower extremities with numbness and tingling. The patient also reports sleep issues, weight gain, and "neuro issues." Physical examination revealed midline incision on the lower lumbar spine. The patient has painful restricted lumbar range of motion, intact toes/heel walk. There was paraspinous tenderness noted. The physician is requesting sleep specialist evaluation, 8 acupuncture visits for the lumbar spine, 8 aqua therapy visits, CT scan of the lumbar spine, Tramadol 5/325 mg #100, and Zolpidem 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### ONE (1) SLEEP SPECIALIST EVALUATION: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnograms.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The recommendation is for a sleep specialist evaluation. ACOEM Practice

Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the medical file reveals that the patient started complaining of sleep issues soon after his injury from 2011. However, reports from 04/03/2013 to 07/30/2013 do not mention the patient's sleep issues. There is a prescription for Zolpidem on 10/29/2013 and based on lack of any discussion regarding the patient's sleep issues, the patient may be doing ok. The current request for "sleep specialist" does come with a discussion as to what is to be accomplished with the consult. The physician does not mention sleep apnea or other co-morbid conditions that would warrant a special evaluation. Recommendation is for denial.

**EIGHT (8) ACUPUNCTURE VISITS FOR THE LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines  
[http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy..](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy..)

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The physician is requesting 8 acupuncture visits. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records from 04/03/2013 to 10/29/2013 do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted but the requested 8 visits exceed what is recommended by MTUS Guidelines. Recommendation is for denial.

**EIGHT (8) AQUA THERAPY VISITS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The physician is requesting 8 aqua therapy sessions for further strengthening of the muscles "by using the viscosity of the water." Medical records document, the patient completed 24 post operative physical therapy sessions by August, 2012. MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS pages 98 and 98 under physical medicine section recommends 9 to 10 sessions for various myalgia, myositis, and neuralgia-type symptoms. In this case, the patient has

had 24 treatments to date. The requested 8 additional sessions exceeds what is recommended by MTUS. Furthermore, there is no documentation regarding any weight-bearing issues. The requested 8 aqua therapy sessions for the lumbar spine are not medically necessary, and recommendation is for denial.

**ONE (1) CT SCAN OF THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The physician is requesting a CT scan of the lumbar spine as a diagnostic aid to determine the source of ongoing back pain and radiculopathy. ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines states CT scans are not recommended, except for trauma with neurological deficit; evaluation of pars defect not seen on X-rays; evaluation of fusion status not seen on X-rays. In this case, the physician is concerned about the patient's persistent pain but does not mention other pertinent rationale. Review of the reports; however, do not show that the patient has had post-operative MRI's or CT scans. Given the patient's persistent pain, pseudarthrosis is a real concern. Recommendation is for authorization.

**TRAMADOL/APAP 37.5/325 MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Criteria for use of Opioids Page(s): 60-61,88-89.

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The physician is prescribing Tramadol 37.5/325mg. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the patient is taking Naproxen and the physician does not discuss how Naproxen is or is not working, making it unclear as to why an opioid is being initiated at this time. The requested Tramadol is not medically necessary and recommendation is for denial.

**ZOLPIDEM 10 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient is status post L4-L5 and L5-S1 arthrodesis on 05/31/2012 and continues with pain. The physician is requesting Zolpidem 10mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the recent past. A short course of 7 to 10 days may be indicated for insomnia; however, the physician is requesting 10mg #30. ODG Guidelines do not recommend long-term use of this medication, recommendation is for denial.