

<b>Case Number:</b>	CM13-0056397		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain, chronic low back pain, knee arthritis, obesity, trigger fingers, and depression, reportedly associated with an industrial injury of September 15, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; one prior epidural steroid injection; a Lap-Band procedure in 2010; topical compounds; antidepressants; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a utilization review report of November 11, 2013, the claims administrator approved six sessions of physical therapy, denied a request for vitamin D, denied a consult for an epidural steroid injection, and denied two additional sessions of physical therapy. The applicant's attorney subsequently appealed. In a December 5, 2013, progress note, the applicant presents with low back pain radiating to the right lower extremity and neck pain radiating into the bilateral upper extremities. The applicant has 9/10 pain with medications and 10/10 pain without medications. The applicant is limited in terms of performance of numerous activities of daily living, it is stated. The applicant is status post an epidural steroid injection on July 11, 2013. The applicant is still on Wellbutrin and Norco, it is stated. The applicant exhibits an antalgic gait requiring usage of a cane with altered sensorium noted about the right lower extremity and positive straight leg raising about the bilateral lower extremities also appreciated. A repeat epidural steroid injection, Norco, and Butrans are endorsed. An earlier note on November 22, 2013 is notable for comments that the applicant is permanent and stationary and is not seemingly working with permanent restrictions in place. Topical compounds including Fluoroflex were renewed, along with oral medications such as Norco and Tizanidine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Nuriget Vitamin D:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute ODG, Pain Section (updated 3/3/11).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Chronic Pain, General Practice of Treatment, Medications, Vitamins

**Decision rationale:** The ACOEM Guidelines indicate, "Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent." In this case, the applicant does not have any clearly defined nutritional deficiencies. The usage of vitamins is not indicated here, as vitamins have no proven benefit in the treatment of chronic pain, which is the diagnosis seemingly present here. Therefore, the request remains non-certified, on independent medical review.

### **Consultation for epidural steroid injection (ESI):** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the cardinal criteria for the pursuit of repeat epidural steroid blocks is evidence of successful pain relief and functional improvement achieved with a prior block. In this case, the applicant has not affected any lasting benefit or functional improvement from the prior epidural steroid injection on July 11, 2013. The applicant has failed to return to work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. There is no evidence that the applicant has diminished reliance on medical treatment. If anything, the applicant remains on various oral analgesic medications, muscle relaxants, and topical compounds, arguing against any lasting benefit or functional improvement from the prior block. Therefore, the request remains non-certified, on independent medical review.

### **Additional eight (8) physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Guidelines indicate that active therapy, active modalities, and reducing or tapering the frequency of physical therapy over time are recommended. The guidelines also indicate that a patient should begin to transition towards self-directed home physical medicine over time. The request is non-certified, on independent medical review.