

<b>Case Number:</b>	CM13-0057859		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 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:

The patient is a 44 year old male who was injured on 02/19/2010 while lifting and twisting a partition panel that creates cubicles. He felt a pain onset in the lower back. Prior treatment history has included conservative therapy including physical therapy without spine injections, some chiropractic prior to an eventual 360 spine fusion, 20 physical therapy visits after the surgery, some spine injections that did not help. He had no electric stim that he can recall and no acupuncture or pain psychology. 11/15/2013 Meds (Pain is 3/10) Cyclobenzaprine 7.5 mg 1 tab by mouth up to 2 times daily as needed; Mobic 7.5 mg 1 tab by mouth daily as needed for inflammation and pain; Tramadol 50 mg 1 tab by mouth every 6 hours as needed for breakthrough pain 10/16/2013 Medications (He feels the cyclobenzaprine left him too relaxed, so he has not been using too much of it. The Tramadol helps partially rating pain 4/10): Cyclobenzaprine 7.5 mg 1 tab by mouth up to 2 times daily as needed; Mobic 7.5 mg 1 tab by mouth daily as needed for inflammation and pain; Tramadol 50 mg 1 tab by mouth every 6 hours as needed for breakthrough pain. Urine Drug Testing Report dated 10/02/2013 is reviewed. [REDACTED] to [REDACTED] conference dated 11/20/2013 states the patient is post L5-S1 lumbar fusion, clinically at 10/02/2013, consistent with lumbar facet pain more on the left, more likely than discogenic or radicular condition; chronic condition. The patient is diagnosed with 1) Facet Syndrome 2) Low back strain 3) Chronic Pain syndrome 4) Hip pain 5) Failed back surgery syndrome (Lumbar). According to [REDACTED], he prefers to do the x-ray first, of the left hip for the ultrasound, to see if it is diagnostic. The x-ray may or may not show problems, but the ultrasound may be more dynamic. He said he would consider this, and issue report. PR2 dated 11/15/2013 indicated the patient returned reporting he does have pain severity of 3/10 in the lower back, which is variable depending on the activities. He is still doing full duty work. He does show greater pain arising from sitting than sitting itself. There is a slight kyphotic gait. The

lower extremities are grossly normal. The impression reveals the pain is still consistent with facetar more likely than discal pain. He was prescribed standard serum screen to rule out blood dyscrasias or other problems. The patient is instructed to continue cyclobenzaprine 7.5 mg, Mobic 7.5 mg, and Tramadol 50 mg. He will continue with the Mobic as needed, as it does seem to help with inflammation and pain. He uses Tramadol intermittently, which just partially helped, and also he is not sure how much the cyclobenzaprine helps, but he may continue that if needed. PR2 dated 10/02/2013 new patient evaluation note reports there was a request for 3-view lumbar spine x-ray to rule out gross abnormalities; a request for TENS unit trial two to four visits; request to send to physical therapy for two or four visits to tune up his home exercise program; request to perform diagnostic lumbar facetar blocks intra-articularly in provocative fashion to determine which of the three lower levels on the left may be more symptomatic for him and to see if this will help him symptomatically and functionally; and a request to send to pain psychology for consult plus four to eight visits to teach him mental techniques to deal with his chronic pain. On musculoskeletal examination, straight leg raise is not painful, nor is hip twisting. There is no myotomal tenderness covering myotomes L1 through S1. He is tender over the facetar joints bilaterally and more on that left side with some spasms overlying the facetar joints just proximal to the surgical level. Neurologic exam shows light touch symmetry; strength is fairly full and functional, though he does have some pain on performing resisted movements. Reflex testing out of 4 shows biceps right 0, left 1 with same for ankles; brachioradialis right 0, left trace; triceps bilaterally trace; knee right 1, left 2; and ankle clonus is absent.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THREE-VIEW LUMBAR SPINE X-RAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** [REDACTED] team conference dated 11/20/2013 documents the patient is diagnosed with 1) Facet Syndrome 2) Low back strain 3) Chronic Pain syndrome 4) Hip pain 5) Failed back surgery syndrome (Lumbar). PR2 dated 11/15/2013 indicated the patient returned reporting he had pain severity of 3/10 in the lower back, which was variable depending on the activities. He was continuing to perform full duty work. There were no report of recent trauma and no abnormal physical examination findings. The medical records do not establish the presence of red flags indicating possible serious spinal pathology is present. Consequently, the medical necessity of x-ray of the lumbar spine is not been established in accordance with the evidence-based guidelines. The request for a three-view lumbar spine x-ray is not medically necessary or appropriate.

#### **TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT TRIAL FOR TWO TO FOUR VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 114-115.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, a TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the medical records do not establish this patient has failed standard interventions. In accordance with the guidelines, the medical necessity of a TENS unit has not been established. The request for a TENS unit trial for two to four visits is not medically necessary or appropriate.

**PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWO TO FOUR VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter, Physical Therapy and Lumbar Sprains And Strains Sections.

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

**Decision rationale:** The medical records do not appear to document the existence of clinically significant functional deficits on examination as to establish medical necessity for the requested physical therapy. The medical records do not document a recent injury or significant exacerbation. The medical records document prior treatment has included a course of physical therapy. The guidelines state patients are expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for physical therapy for the lumbar spine, two to four visits, is not medically necessary or appropriate.

**DIAGNOSTIC LUMBAR FACET BLOCKS OF THREE LOWER LEVELS ON LEFT:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES- LOW BACK, PHYSICAL THERAPY SECTION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, (2004) LOW BACK COMPLAINTS, 300.

**Decision rationale:** The PR2 dated October 2, 2013 new patient evaluation note documented several requests, including a request to perform diagnostic lumbar facet blocks intra-articularly in provocative fashion to determine which of the three lower levels on the left may be more symptomatic for the patient. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. According to the ODG, consideration for a facet injection procedure requires certain criteria are met, which include documentation of failure of conservative treatment (including home exercise, PT [physical therapy] and NSAIDs [non-steroidal anti-inflammatory drugs]) prior to the procedure for at least four to six weeks. The medical records include the November 15, 2013 medical report, which documents good pain control with medications and the patient continues regular full-time work, which supports functional improvement has remained. Additionally, there is no documentation substantiating the presence of signs and symptoms typical of facet mediated pain. Finally, there diagnostic blocks should be limited to no more than two lumbar levels. The medical records do not demonstrate the patient is an appropriate candidate for the requested facet block. The request for diagnostic lumbar facet blocks of three lower levels on the left is not medically necessary or appropriate.

**ALL SERUM LABS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic Panel Section of the website [emedicinehealth.com](http://emedicinehealth.com).

**Decision rationale:** According to the medical literature, a comprehensive metabolic panel is a blood test that measures the sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. These lab tests may be ordered as part of regular health examination, to assess a medical condition, such as hypertension or diabetes, or monitor patient's on certain medications for possible liver or kidney related side-effects. The patient has been chronically maintained on oral medications for which potential of liver or kidney toxicity exists. Occasional monitoring is reasonable. The request for all serum labs is medically necessary and appropriate.

**PAIN PSYCHOLOGY CONSULT AND FOUR TO EIGHT VISITS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), Occupational Medical Practice Guidelines (OMPG) , PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Section Page(s): 100-101.

**Decision rationale:** According to the guidelines, a psych evaluation or consult may be recommended based upon a clinical impression of psychological condition that impacts recovery,

participation in rehabilitation, or prior to specified interventions. This patient has chronic pain and is believed to be suffering from mild depression. His medical course could benefit from additional expertise. The request for a pain psychology consult and four to eight visits is medically necessary and appropriate.

**CYCLOBENZAPRINE 7.5 MG, SIXTY COUNT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended for short-term treatment (two to three weeks) of acute exacerbations of chronic low back pain. They are not recommended for chronic use. There is no clear benefit over NSAIDs (non-steroidal anti-inflammatory drugs) or in combination with NSAIDs. According to the medical records, the patient has chronic low back pain with tenderness and painful range of motion on exam. There does not appear to have been an acute exacerbation. The patient is unsure if cyclobenzaprine use has provided any benefit. The patient is currently taking an NSAID. The request for cyclobenzaprine 7.5 mg, sixty count, is not medically necessary or appropriate.