

<b>Case Number:</b>	CM13-0068582		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/07/2013
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 39-year-old with a reported date of injury on March 10, 2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of low back pain rated at 8/10 and bilateral knee pain rated at 8/10. In addition, the injured worker reported anxiety and insomnia. The physician indicated that the injured worker failed to respond to cortisone injections and has engaged in a home exercise program. In addition, the clinical note dated May 20, 2014 indicates the injured worker underwent lumbar spine fusion. Upon physical examination of the lumbar spine, the range of motion revealed flexion to 30 degrees, extension to 17 degrees, and lateral flexion to 12 degrees bilaterally. In addition, the injured worker presented with positive right straight leg raise. Upon physical examination, the right knee range of motion revealed flexion to 105 degrees and the left knee range of motion was revealed at flexion to 125 degrees. The documentation indicated the injured worker previously participated in physical therapy; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included status post lumbar spine surgery in May of 2011, status post multiple injections to the bilateral knees, failed low back surgery, bilateral knee internal derangement, bilateral knee anterior/posterior cruciate tear, bilateral knee medial meniscal tear, chondromalacia patella, depression, and insomnia. The injured worker's medication regimen included Norco, Lyrica, and Celebrex. The request for authorization for aquatic therapy 2x4 to the lumbar, home exercise program 3x4 lumbar, Soma 350 mg #45, 3;1 injections for bilateral knees, and urine toxicology screening was submitted on 11/26/2013. The physician indicated the injured worker is obese, his body mass index was 31.5, thus, aquatic therapy is strongly recommended per the physician. The physician indicated that home exercise program will serve as an adjunct to aquatic therapy

and pain medications. The physician indicated that Soma was requested based on the fact that the injured worker was status post surgery of the lumbar spine; therefore, acute pain was likely. The physician indicated that although the clinical documentation noted that the claimant had several of these injections with no long-term benefit, the physician indicated that another 3:1 injection of the bilateral knees was requested since the patient has existing persistent pain in the right knee and left knee. The urine toxicology screening was requested to evaluate current drug intake levels of the injured worker.

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

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

#### **Aquatic therapy for the lumbar spine, twice weekly for four weeks: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example extreme obesity. The guidelines recommend eight to ten visits over a 4 week period. The physician indicated that the injured worker was obese with a body mass index of 31.5. Aquatic therapy is specifically recommended where reduced weightbearing is desirable, for example, extreme obesity. There is a lack of documentation related to previous physical therapy or the failure of previous land based therapy. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, the documentation indicates the injured worker is currently performing a home based exercise program. Therefore, the request for Chronic Pain Medical Treatment Guidelines is not medically necessary or appropriate.

#### **Home exercise program for the lumbar spine, three times per week for four weeks: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance

in functional activities with assistive devices. The previous physical therapy was not provided within the documentation available for review. The clinical note dated 05/20/2014 indicates the injured worker is participating in a home exercise program. According to the guidelines, injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The therapeutic and functional benefit related to the current home exercise program is not documented within the clinical information provided for review. Physical therapy visits are recommended at 8 to 10 visits over 4 weeks. Therefore, the request for 12 visits exceeds the recommended guidelines. Therefore, the request for a home exercise program for the lumbar spine, three times per week for four weeks, is not medically necessary or appropriate.

**Soma 350 mg, 45 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. Abuse has been noted for sedative and relaxant effects. According to the documentation provided for review, the injured worker has utilized Soma prior to November 11, 2013. The clinical note dated December 17, 2013, the injured worker reported his pain at 5/10 with medications. The clinical note dated May 20, 2014, the injured worker rated his pain at 8/10. There is a lack of documentation related to the therapeutic and functional benefit in the long-term use of Soma. In addition, the Chronic Pain Medical Treatment Guidelines do not recommend the long-term use of Soma. Furthermore, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Soma 350 mg, 45 count, is not medically necessary or appropriate.

**3:1 injections for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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

**Decision rationale:** The Official Disability Guidelines recommend corticosteroid injections for short-term use only. Intra-articular corticosteroid injections result in clinically and statistically significant reduction in osteoarthritic knee pain one week after injection. The beneficial effect could last for three to four weeks, but it is unlikely to continue beyond that. Criteria for intra-

articular corticosteroid injections would include bony enlargement, bony tenderness, crepitus on motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor, synovial fluid signs. In addition, the injured worker's pain would not be controlled adequately by recommended conservative treatment, pain interferes with functional activities, intended for short-term control of symptoms to resume conservative medication management or delay TKA (total knee arthroplasty). In addition, the guidelines state that the second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response. The clinical note dated May 20, 2014 indicates the injured worker has failed to respond to cortisone injections. In addition, there is a lack of documentation related to previous physical therapy. In the clinical note dated November 11, 2013, the physician indicated that the requested 3:1 injection of the bilateral knees, was noted that the injured worker had had several of these 3:1 injections for both knees with no long-term benefit. The physician indicated that another 3:1 injection of the bilateral knees was requested since the patient has existing persistent pain in the right knee and left knee on a pain scale of 5/10. According to the documentation provided for review, the injured worker did not have previous benefit relating to the 3:1 injections. The guidelines state that a second injection is not recommended if there has not been a response to the first injection. Therefore, the request for 3:1 injections for bilateral knees is not medically necessary or appropriate.

**A urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The use of drug screening or inpatient treatment should be utilized with issues of abuse, addiction, or poor pain control. The urine drug screen dated March 18, 2014 was consistent with medications prescribed. There is a lack of documentation related to concerns of abuse, addiction, or poor pain control. The physician indicated that the urine toxicology screening was requested to evaluate current drug intake levels of the injured worker. As the drug screen dated March 18, 2014 came back consistent with medications prescribed, the need for a second drug screen is not medically necessary. Therefore, the request for a urine toxicology screening is not medically necessary or appropriate.