

<b>Case Number:</b>	CM13-0071078		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old male who has submitted a claim for lumbar disc degeneration status-post lumbar fusion, bilateral lower extremity radiculopathy, status-post right knee total replacement associated with an industrial injury date of 08/14/2003. Medical records from 2009 to 2013 were reviewed. Patient complained of chronic low back pain radiating into bilateral buttock and lateral thigh with numbness and tingling sensation. There was increasing complaint of muscles spasm; pain was rated as 8/10 in severity. Patient had spinal cord stimulator implantation on April 2013, subsequently resulting to infection. He had no real improvement with its use until November 2013. Physical examination revealed a well-healed vertical incision scar over the lower lumbar spine and horizontal incision over the right upper gluteal from the SCS implantation. Tenderness was noted at paralumbar muscles, and bilateral sacroiliac joints. Motor strength and reflexes were normal. Sensation was intact. Patient manifested with forward gait, without using a cane. Treatment to date has included laminectomy at L5-S1 and subsequent removal of hardware in 2005, lumbar spinal cord stimulator in April 2013, physical therapy, aquatic therapy, bilateral SI joint injections, acupuncture, and medications such as Norco, oxycodone, and Neurontin. Utilization review from 12/09/2013 denied the requests for 10 sessions of acupuncture because it exceeded the guideline commendation of an initial 6 visits; removal of spinal cord stimulator because the only documented indication was to be able to subject patient to MRI, however, the imaging was denied; MRI due to absence of significant clinical findings to support its use; and Oxycodone HCL 5mg, #150 because of no beneficial effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 10 SESSIONS OF ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, acupuncture was recommended to reduce muscle spasm. Patient reported that he underwent acupuncture previously, which provided significant improvement. However, there was no discussion concerning the total number of sessions that he had received in the past. The present request likewise failed to indicate the body part to be treated. The request is incomplete; therefore, the prospective request for 10 sessions of acupuncture is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 REMOVAL OF SPINAL CORD STIMULATORS (SCS):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPINAL CORD STIMULATORS (SCS),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 107 Page(s): 107.

**Decision rationale:** Page 107 of CA MTUS Chronic Pain Medical Treatment Guidelines states that spinal cord stimulator (SCS) is recommended for failed back syndrome, i.e., persistent pain despite more than one previous back operation. Regarding SCS removal, clinical practice would make it reasonable to require documentation that that there is suspected dysfunction of the existing device, x-rays that demonstrate lead migration, failed setting adjustments, or documentation of pain relief/status when the device is turned off. In this case, SCS was implanted on 04/15/2013. The most recent progress report, dated 11/20/2013, cited that improvement with its use was noted only in November 2013. X-ray of the lumbar spine, dated 12/05/2013, did not demonstrate lead migration. The rationale for removal of SCS is to subject patient to MRI due to persistence of back pain. Based on the SCS that is in place, removal of the device prior to MRI would be indicated. Therefore, the request of removal of spinal cord stimulator is medically necessary.

## **PROSPECTIVE REQUEST FOR 1 MRI: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Low Back Complaints (2007), page 53

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the ACOEM referenced by CA MTUS, imaging of the lumbar spine is supported in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. MRI is moderately recommended for patients with subacute or chronic radicular pain, syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement. In this case, patient had persistent back pain despite lumbar surgery, placement of spinal cord stimulator, physical therapy, and intake of medications. X-ray of the lumbar spine, dated 11/05/2013, revealed degenerative disc disease with post-operative changes at L4-L5 and L5-S1 levels. The patient presents with worsening symptoms, and the objective findings did now reveal sensorimotor deficits. It can be reasonably assumed that the body part to be imaged would be the lumbar spine based on the facts within the medical records. Therefore, the request for MRI is medically necessary.

## **PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OXYCODONE HCL 5MG #150: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2009. He reported relief of pain and improved functional activities associated with its use. No side effects were noted, as well as aberrant drug behaviors. The treatment plan is to decrease the dosage of Norco to reduce the side effects and exposure to acetaminophen, hence, oxycodone is prescribed. The medical necessity has been established. Therefore, the prospective request for 1 prescription of Oxycodone HCL 5mg #150 is medically necessary.