

<b>Case Number:</b>	CM14-0006899		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 52 year-old male who has filed a claim for chronic myofascial pain syndrome of cervical and thoracolumbar spine associated with an industrial injury date of March 31, 2010. Review of progress notes indicates intractable upper and lower back pain with worsening of numbness and weakness in the lower extremities. Patient also reports headaches, severe depression, decreased ability to concentrate and interact with people, and difficulty sleeping. Findings include decreased cervical, thoracic, and lumbar range of motion; multiple trigger points throughout the cervical to lumbar musculature, positive Romberg test, difficulty performing heel/toe gait; decreased sensation of the bilateral calves; decreased motor strength of proximal thigh muscles and of dorsiflexion and plantarflexion; absent ankle jerks. MRI of the thoracic spine dated January 08, 2013 showed mild kyphosis with an apex at T7; mild anterior wedge deformity of T8; mild to moderate facet arthropathy at T9-T10 with moderate bilateral foraminal stenosis; and amorphous ossification at the right lateral T8-T9 body. Mention of a lumbar MRI dated April 30, 2013 showed residual stenosis at L3-4 and L4-5. Electrodiagnostic study dated January 07, 2014 showed moderate-severe left L5 radiculopathy, mild-moderate right L5 radiculopathy, mild bilateral S1 radiculopathy, and mild-moderate peripheral sensorimotor neuropathy due to diabetes. Treatment to date has included NSAIDs, opioids, Gabapentin, anti-depressants, home exercise program, psychotherapy, trigger point injections, lumbar epidural steroid injections, and lumbar spinal surgery. Utilization review from December 16, 2013 denied the requests for trigger point injections x 4 (DOS: 11/12/13) as there was no evidence that prior trigger point injections provided substantial improvement, there is documentation of radiculopathy; and patient had previous adverse reaction to steroid injections; Tramadol HCl ER 150mg #45 (DOS: 11/12/13) as patient presents mainly with neuropathic symptoms, and has comorbidities such as diabetes and depression; aquatic therapy as patient had

already received previous therapy; and deep breathing meditation as patient already had prior psychotherapy and should be well-versed in relaxation techniques.

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

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

#### **AQUATIC THERAPY DAILY FOR BACK PAIN: Upheld**

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

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

**Decision rationale:** According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. There is no documentation that this patient is unable to tolerate land-based physical therapy. The requested quantity is not specified. Therefore, the request for aquatic therapy daily, for back pain is not medically necessary and appropriate.

#### **DEEP BREATHING MEDITATION FOR BACK PAIN: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Mind/body interventions (for stress relief).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, mind/body interventions are recommended in managing psychiatric symptoms and pain, when used in combination with more conventional therapies. Meditation may provide moderate improvement in psychological stress, including anxiety, depression, and pain. In this case, the patient has had physical therapy and psychotherapy for management of chronic pain and associated psychological symptoms. The patient should be able to perform meditation sessions on his/her own by now. The request does not indicate the specific deep breathing meditation modality. Therefore, the request for deep breathing meditation for back pain is not medically necessary and appropriate.

#### **RETROSPECTIVE TRIGGER POINT INJECTIONS X 4 COMPLETED ON 11-12-13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Patient notes greater than 50% improvement from previous trigger point injections in July 2013. However, there is no documentation of presence of trigger points with twitch response and referred pain, and patient presents with findings consistent with lumbar radiculopathy. Therefore, the retrospective request for trigger point injections x \$ (11/12/13) is not medically necessary and appropriate.

**RETROSPECTIVE TRAMADOL HCL ER 150MG #45 DISPENSED ON 11-12-13:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of patient's current medication regimen, but there is detection of Tramadol from the April 2013 urine drug screen report. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the retrospective request for Tramadol HCl ER 150mg #45 (11/12/13) is not medically necessary and appropriate.