

<b>Case Number:</b>	CM14-0101752		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/21/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 21, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of chiropractic manipulative therapy; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 2, 2014, the claims administrator denied a request for lumbar MRI imaging, spine surgery consultation, naproxen, Protonix, Tramadol, and physical therapy. The claims administrator invoked a variety of non-MTUS Guidelines in its denials, including Chapter 7 ACOEM Guidelines and non-MTUS Official Disability Guidelines (ODG). The applicant's attorney subsequently appealed. In a March 19, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to left leg. Limited lumbar range of motion was noted. A spine surgery consultation was endorsed to evaluate residual left-sided radicular complaints with an associated disk protrusion, it was suggested. Overall documentation was scant. Twelve sessions of physical therapy with ultrasound, massage, and therapeutic exercise were recommended. The applicant was given prescriptions for Duexis and Ultram. The applicant was returned to regular duty work on paper, although it was not clearly established whether or not the applicant was working. In an April 23, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into left leg. A spine surgery consultation was sought, along with 12 sessions of physical therapy including ultrasound and massage modalities. Naproxen, Protonix, and Ultram were endorsed. The attending provider stated that treatments to date, including medications, had "not been beneficial" and that the applicant remained in pain. The applicant was returned to regular duty work, on paper, although it was not established

whether or not the applicant was working. The applicant was given a prescription for Protonix for "relief of stomach upset." It appeared that Protonix was a first-time request.

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

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, the attending provider has written on several occasions that the applicant is, in fact, actively considering lumbar spine surgery owing to the failure of conservative treatment. Obtaining a precursor lumbar MRI to determine the applicant's suitability for spine surgery and/or a spine surgery referral is therefore indicated. Accordingly, the request is medically necessary.

**Anaprox 550 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications topic Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has failed to outline how ongoing usage of naproxen has proven beneficial here. The attending provider, if anything, has suggested that the applicant's pain complaints are heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing naproxen usage. The attending provider, furthermore, stated that medication therapy had proven ineffectual here on at least one occasion. While the attending provider was returned to regular duty work, on paper, the attending provider nevertheless did not state whether or not the applicant was actually working or not, nor did the attending provider outline any benefits with ongoing medication consumption, including ongoing naproxen consumption. Therefore, the request is not medically necessary.

**Protonix 20 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are recommended to combat issues with NSAID-induced dyspepsia, in this case, the attending provider's documentation, while admittedly incomplete, does suggest that the applicant is having issues with stomach upset/dyspepsia associated with ongoing NSAID usage. Introduction of Protonix to combat the same is indicated. Therefore, the request is medically necessary.

**Ultram 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, while the attending provider has returned the applicant to regular duty work on paper, the attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultram usage. If anything, the attending provider's progress notes suggested that the applicant has failed medication therapy. The attending provider stated on at least one occasion that ongoing medication usage, including ongoing Ultram usage, had not been altogether effective here. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.

**Physical therapy of the lumbar spine, three (3) times weekly for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99, 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS

Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that the attending provider has written on several progress notes that he intends for the physical therapy to comprise of passive modalities such as Ultrasound and massage therapy. However, as noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the modalities in question are to be used only "sparingly" in the chronic pain phase of a claim. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the attending provider has written on at least one occasion that earlier physical therapy treatment has not proven beneficial here. Continuing the same, on balance, is not indicated. Accordingly, the request is not medically necessary.

**Referral to spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, page 305 does note that referral for surgical consultation is indicated in applicants who have clear clinical and imaging evidence of a lesion amenable to surgical correction, in this case, however, the attending provider has not established the presence of clear imaging evidence of a lesion amenable to surgical correction noted on MRI imaging. MRI imaging to determine the presence or absence of a lesion amenable to surgical correction has, however, been approved, in question #1. Obtaining a spine surgery consultation/spine surgery referral without imaging evidence of a lesion amenable to surgical correction is, per ACOEM, premature and unlikely to be helpful. Therefore, the request is not medically necessary.