

<b>Case Number:</b>	CM14-0106543		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 03/16/2000 due to an unknown mechanism. The injured worker's diagnoses were L2-3 lumbar disc bulge, right knee degenerative lateral meniscal tear, right knee tendinosis, bilateral L5 radiculopathy, status post lumbar fusion with hardware, status post right and left knee arthroscopy, status post right-sided L4-5 microdiscectomy, status post L4-S1 360-degree fusion, status post lumbar spine hardware removal, and L3-4 junctional level discectomy. The injured worker received trigger point injections on 05/21/2014 for the lumbar spine spasms. A lumbar MRI on 05/20/2009 noted severe central stenosis at L3-4, mild central stenosis at L2-3, multiple levels of neural foraminal and lateral recess stenosis, post-operative changes at L3-4 through L5-S1. A lumbar MRI on 01/31/2012 noted a mild disc bulge measuring one mm at L2-3. MRIs of the right and left knee were performed on 09/03/2013. An EMG/NCV was conducted on 11/17/2011 which revealed mild to moderate bilateral L5 and S1 radiculopathy. The injured worker underwent a right-sided L4-5 microdiscectomy on 10/19/2000, L4-S1 360-degree fusion on 08/13/2001, lumbar spine hardware removal on 03/09/2003, left knee arthroscopy on 04/11/2005, right knee arthroscopy on 08/24/2005, and posterior lumbar fusion with hardware and bone graft on 02/03/2010. On 07/02/2014, the injured worker reported stabbing, aching, and burning pain to the low back and lower extremities with numbness, pins, and needles. The physician noted the injured worker was in no acute distress. His gait was antalgic with difficulty performing heel to toe maneuvers. The physician noted spasms, tightness, and tenderness were present in the paralumbar musculature. Lumbar range of motion was reduced, there was decreased sensation to the L4-5 region bilaterally, and sciatic stretch sign was positive. The injured worker was prescribed Zantac, Norco and tramadol. The physician indicated they would attempt to decrease the use of Norco and tramadol with a Butrans patch once it was authorized. The physician was requesting Ultram,

lumbar ESI at L2-3, and trigger point injections. The rationale was to assist in alleviating the injured worker's pain. The Request for Authorization form was not submitted for review at this time.

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

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

**Ultram 50mg #60:** Upheld

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

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

**Decision rationale:** The request for Ultram 50 mg 60 tablets is non-certified. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has been prescribed tramadol since at least 11/2013. The injured worker's complaint of pain has remained the same in previous office visits and ranges of motion and function have no noted improvement. An adequate and complete pain assessment is not provided within the medical records. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is non-certified.

**1 L2-3 Lumbar epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for one L2-3 lumbar epidural injection is non-certified. The California MTUS criteria for epidural steroid injections note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at any 1 session. A

lumbar MRI performed on 05/20/2009 noted severe central stenosis at L3-4, mild central stenosis at L2-3, multiple levels of neural foraminal and lateral recess stenosis, post-operative changes at L3-4 through L5-S1. A lumbar MRI on 01/31/2012 noted a mild disc bulge measuring one mm at L2-3. The physician noted there was decreased sensation to the L4-5 region bilaterally, and sciatic stretch sign was positive. On 02/11/2013, an EMG/NCV indicated L4 and L5 radiculopathy; there was no indication of radiculopathy at the L2-3 range. The requesting physician did not provide an official report for the MRI of the lumbar spine. There is a lack of corroborating electrodiagnostic documentation to confirm objective findings of neurologic deficit to the L2-3 level. As such, the request is non-certified.

**1 Trigger point injection:** Upheld

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

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

**Decision rationale:** The request for 1 trigger point injection is non-certified. California MTUS guidelines state the physician must provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms must have persisted for more than three months. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain and radiculopathy is not present by exam, imaging, or neuro-testing. Repeat Trigger Point Injections may not be performed unless a prior treatment noted a greater than 50% improvement in pain lasting at least six weeks and there is documented evidence of functional improvement. The physician noted spasms, tightness, and tenderness were present in the paralumbar musculature as well as radicular pain to the lower lumbar region. There is a lack of documentation indicating the injured worker has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The injured worker received trigger point injections on 05/21/2014; however, the physician did not note the site at which the injections were performed. There is a lack of documentation indicating the injured worker had greater than 50% improvement in pain lasting at least six weeks with evidence of significant objective functional improvement. Additionally, the submitted request does not indicate the site at which the trigger point injections are to be performed. As such, the request is non-certified.