

<b>Case Number:</b>	CM14-0015975		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/13/12 when he was lifting a 40-pound pipe out of his work truck while working as an electrical supply driver. He had low back pain and was unable to move. He continues to be treated with diagnoses of lumbosacral radiculopathy, myofascial pain, and a lumbar spine strain. Treatments have included trigger point injections x 1 with a 50% improvement lasting for four days, physical therapy and chiropractic care for 20 sessions, medications, electrical stimulation including TENS, epidural steroid injections, and acupuncture in 2012. A magnetic resonance imaging (MRI) of the lumbar spine on 08/14/12 showed findings of bilateral chronic L5 pars defect without spondylolisthesis with mild L3-4 canal stenosis and mild multilevel foraminal narrowing with annular tears. Electromyography/ Nerve Conduction Study (EMG/NCS) testing on 06/14/13 confirmed the presence of an L4 radiculopathy. He was evaluated for surgical management on 04/30/13 and ongoing conservative treatment was recommended but spine surgery was not ruled out. He returned to work without light duty available and works but with pain. Qualitative urine drug screening on 06/26/13 was negative. The claimant does not have a history of drug abuse and acknowledges smoking and occasional drinking. He underwent a left L4, L5, and S1 transforaminal epidural injection on 07/12/13. On 07/30/13, he was working full duty and performing a home exercise program. Medications included Naprosyn, Omeprazole, Neurontin, Terocin ointment, Dendracin, and Flexeril. There had been some relief after the epidural injection with decreased numbness. He was now having spasms. Physical examination findings included decreased lower extremity sensation and strength with decreased spinal range of motion and paraspinal muscle spasms. On 08/21/13, he had increased low back pain with aching of the right leg and buttock. Physical examination findings included lumbar spine muscle spasm with

decreased range of motion and positive straight leg raising. Acupuncture treatments 2 times per week for 4 weeks were requested for a flare up of low back pain. On 09/10/13, he was having ongoing symptoms. He was having intermittent numbness and tingling. Physical examination findings included a positive left straight leg raise with decreased lower extremity strength and sensation. There was lumbar paraspinal muscle spasm with decreased range of motion. A second epidural injection was requested. The injection was authorized after a PQME on 09/19/13. On 10/22/13, the second injection was to be scheduled in 1-2 weeks. On 01/16/14, he was having ongoing back pain. He was having some left leg numbness with weakness. He had decreased lumbar spine range of motion with paraspinal muscle trigger points. There was decreased left lower extremity sensation. Medications were Naprosyn, omeprazole, Flexeril, and Lidoderm. A third epidural injection was requested. He was restricted to lifting up to 10 pounds.

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

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

#### **LEFT L4, L5, S1 EPIDURAL STEROID INJECTION, 3RD SET: Upheld**

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

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

**Decision rationale:** The claimant is now more than 2 years status post work-related injury and continues to be treated with diagnoses of lumbosacral radiculopathy, myofascial pain, and a lumbar spine strain. Treatments have included two epidural steroid injections with reported pain relief after the first. Documentation of the claimant's response to the second injection was not provided. He has been seen for a surgical evaluation and spine surgery has not been ruled out. He has objective findings by magnetic resonance imaging (MRI) and electromyography (EMG) consistent with lumbosacral radiculopathy. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation of the degree and duration of pain relief or change in medication use after either of the two injection already performed. Therefore, the request is not medically necessary.

#### **ACUPUNCTURE SESSIONS 2X4 (LUMBAR): Upheld**

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

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

**Decision rationale:** The claimant is now more than 2 years status post work-related injury and continues to be treated with diagnoses of lumbosacral radiculopathy, myofascial pain, and a lumbar spine strain. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to six treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments requested is in excess of that recommended. There is no reference to either medication intolerance or medication reduction. Acupuncture would be a passive rather than active treatment and although could be used with active therapies during the rehabilitation process, there was no plan for combining the requested acupuncture treatments with rehabilitative efforts. Therefore, the requested acupuncture 2 times per week for 4 weeks was not medically necessary.

**RETROSPECTIVE REVIEW FOR URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** The claimant is now more than 2 years status post work-related injury and continues to be treated with diagnoses of lumbosacral radiculopathy, myofascial pain, and a lumbar spine strain. Qualitative urine drug screening on 06/26/13 was negative. The claimant does not have a history of drug abuse and acknowledges smoking and occasional drinking. He is not being treated with opioid medication. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, when seen on 06/26/13 Naprosyn, omeprazole, and Neurontin were prescribed and there is no reference to planned use of opioid medication. Therefore, urine drug testing on 06/26/13 was not medically necessary.

**PROSPECTIVE REVIEW FOR URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** In terms of prospective testing, drug screening is recommended when there are issues of abuse, addiction, or poor pain control. The claimant does not have a history of drug abuse and acknowledges smoking and occasional drinking. Again, he is not being treated with opioid medication. Therefore, the requested prospective urine drug screening was not medically necessary.