

<b>Case Number:</b>	CM14-0027279		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Family Medicine and is licensed to practice in New Jersey & New York. 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 32 year-old male who was injured on 8/18/09 by unknown mechanism. He complained of lower back pain radiating down right leg with numbness and tingling in both feet. On exam, he had tender lumbar paraspinal muscles, spasm of certain muscles, decreased range of motion of his lumbar spine, normal motor and reflexes. He has decreased sensation of S1. He had positive straight leg raise. He was diagnosed with chronic low back pain, lumbar stenosis with neurogenic claudication, bilateral lumbar radiculopathy. He had lumbar epidurals without relief of pain. He had a lumbar spine fusion with a subsequent spine hardware removal. A 7/2013 MRI showed spinal fixation of L5 and S1, disc desiccation with loss of disc height at L4-L5 and L5-S1. He had straightening of the lumbar curvature which reflects myospasm. His medications included Norco, Zanaflex, and Arthrotec. He also had physical therapy, aqua therapy, trigger point injections, use of a transcutaneous electrical nerve stimulator (TENS) unit. The current request is for Norco, physical therapy, lumbar trigger point injections, and the purchase of TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 88-89.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without documentation of the improvement in pain. Even while on opiates, the patient continued with back pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. It is unclear by the chart how often the patient requires the use of opiates for pain relief. There are no clear plans for future weaning, or goal of care. There were no documented urine drug screens or drug contract in the chart. Because of these reasons, the request for Norco is not considered medically unnecessary.

**Physical therapy QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is considered not medically necessary. The patient should have received a full course of physical therapy and at this point, should be well educated in a home exercise program. The maximum number of sessions recommended is 10 for myalgias and neuralgias. The current request would exceed the limit. He had some aquatic therapy for his back pain with improved range of motion. There were no new documented deficits that would benefit from additional physical therapy. Therefore, further therapy is not warranted and not medically necessary.

**Lumbar injections QTY: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The lumbar trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from medical management therapies. He did not have documentation of the effects of the anti-inflammatory or muscle relaxant on his back pain. He had improvement with aquatic therapy, therefore it cannot be said that he failed conservative therapy. Additional, trigger point injections are not recommended for radicular pain which the patient has. He has had trigger point injections with some relief of pain but guidelines call for no repeat injections unless "greater than 50% pain relief is obtained for six weeks after an injection

and there is documented evidence of functional improvement which the patient does not have documented in his chart. Therefore, the request is considered not medically necessary.

**TENS unit for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The request for TENS unit for purchase is not considered not medically necessary according to MTUS guidelines. The patient has used a TENS unit but criteria for use require the documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function" which was not documented. A treatment plan with short and long-term goals of treatment with the unit should have been submitted as well. Long-term effectiveness has not been established in studies. Therefore, the request is considered not medically necessary at this time.