

<b>Case Number:</b>	CM14-0029505		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old male who reported an injury on 11/09/2006. The mechanism of injury was reported as repetitive motion. Previous conservative treatments included physical therapy and pain medication management, and it was noted that the injured worker recently underwent selective nerve root block that helped decrease the numbness, but not the back pain. The injured worker underwent a trigger point injection on 01/13/2014. The diagnoses included status post C3-7 anterior and posterior fusion on 10/11/2012, and facet arthropathy and disc herniation at L3-4 and L4-5. The medication regimen was not provided for review. Within the clinical note dated 01/13/2014, the injured worker complained of worsened low back pain. He described the pain as a constant, throbbing sensation associated with severe shooting pains. The injured worker reported the pain radiated into the right lateral and posterior leg into the top and bottom aspects of the right foot. The injured worker reported the inability to stand for more than a few minutes at a time without being in agony. Upon physical exam, the provider noted the range of motion of his neck was decreased. Examination of the low back revealed severe tenderness at the lumbosacral region. The provider noted extension increased the pain in the low back. The range of motion was restricted to 25% of normal and caused pain. The injured worker had difficulty rising from a seated to standing position. Muscle strength and sensation were noted to be normal. The provider noted the injured worker to have trigger points or discrete, focal, hyperirritable spots along the taut band of skeletal muscle, which caused referred pain with palpation. The provider requested 4 view x-rays of the lumbar spine, 1 trigger point injection, and 1 prescription for Norco. However, a rationale was not provided for review in the clinical documentation. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) view x-rays of the lumbar spine.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back, Radiographs.

**Decision rationale:** The injured worker complained of back pain, which had worsened. He described the pain as a constant, throbbing sensation in the low back associated with severe shooting pains. He reported the pain radiated into the right lateral and posterior leg into the top and bottom aspects of the right foot. The California MTUS/ACOEM guidelines stated that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. There is a lack of significant neurological deficits including decreased strength, decreased sensation, positive straight leg raise, or decreased reflexes associated with acute trauma. There was a lack of documentation regarding the presence of red flags for fracture, cancer, or infection to warrant the use of a lumbar spine x ray. The provider's rationale for the x-rays was not documented to warrant the medical necessity for the imaging. Therefore, the Prospective 4 view x-rays of the lumbar spine is not medically necessary and appropriate.

**Trigger point injection of Depo-Medrol and Lidocaine 2ml: Upheld**

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

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

**Decision rationale:** The injured worker complained of back pain, which had worsened. He described the pain as a constant, throbbing sensation in the low back associated with severe shooting pains. He reported the pain radiated into the right lateral and posterior leg into the top and bottom aspects of the right foot. The California MTUS Guidelines state that repeat injections are not recommended unless greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. The injured worker underwent a trigger point injection on 01/13/2014, with no documentation of greater than 50% pain relief obtained for 6 weeks after the injection. There is a lack of documentation regarding functional improvement from the previous injection to warrant a repeat injection. Therefore, the request for Prospective 1 trigger point injection of Depo-Medrol and Lidocaine 2ml is not medically necessary and appropriate.

**Norco 10/325mg #180 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The injured worker complained of back pain, which had worsened. He described the pain as a constant, throbbing sensation in the low back associated with severe shooting pains. He reported the pain radiated into the right lateral and posterior leg into the top and bottom aspects of the right foot. Regarding opioid management, the California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that pain assessment should include current pain; the least reported pain over the period since the last assessment; average pain intensity; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment with the documentation. There is a lack of documentation regarding significant pain relief, functional improvement, appropriate medication use, and side effects. The submitted request does not provide the frequency of the medication. The provider failed to provide the length of time the injured worker has been utilizing the medication. Therefore, the request for Prospective 1 prescription of Norco 10/325mg #180 with 1 refill is not medically necessary and appropriate.