

<b>Case Number:</b>	CM14-0037275		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 pain syndrome, myofascial pain syndrome, and low back pain reportedly associated with an industrial injury of February 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; at least one prior epidural steroid injection in October 2013; and opioid therapy. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for TENS unit, denied a request for trigger point injections, denied a request for spine surgery consultation, denied a request for Naprosyn, and denied a request for Norco. The claims administrator did not incorporate cited guidelines into its rationale insofar as the spine surgery consultation and Norco were concerned. The claims administrator cited non-MTUS Chapter 7 ACOEM Guidelines in the decision to deny the spine surgery consultation, mislabeling the same as originating from the MTUS. In a progress note dated February 19, 2014, highly templated, somewhat difficult to follow, the applicant was described as having persistent complaints of chronic low back pain. The applicant stated that her pain was intolerable. The note was difficult to follow and mingled old complaints with current complaints. The applicant was described as using Naprosyn, Norco, and Lidoderm. The applicant reported 6/10 pain. The applicant was overweight, with a BMI of 30, it was stated. A TENS unit for home use purposes was sought, along with trigger point injection therapy, and a spine surgery consultation. The applicant's work status was not clearly stated on this occasion, although it did appear that the applicant returned to work at an earlier point in time. On March 18, 2014, the applicant again presented with persistent complaints of low back pain. The note, again, was quite difficult to follow and did mingle old complaints with current complaints. The applicant did seemingly state that the medications were making her pain better and apparently stated that she had to do a lot of

walking on the job at work. The attending provider stated that the applicant should begin a trial of a TENS unit. It was stated that an earlier epidural steroid injection was not helpful while medications were helpful. The applicant stated that her goals were to continue taking care of herself and continue working. Again, it was implied, then, that the applicant was working. There was no mention of myofascial tenderness, muscle spasm, or tender points noted on visits of either February 19, 2014 or March 18, 2014.

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

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

#### **TENS Unit for home use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing usage of and/or purchase of a TENS unit beyond a one-month trial should be predicated on evidence of a favorable outcome in terms of both pain relief and function following the said one-month trial. In this case, however, the attending provider has not clearly stated how or if ongoing usage of a TENS unit has been beneficial. The attending provider has not stated how frequently the applicant used the TENS unit during the one-month trial. Earlier usage of the TENS unit, either during physical therapy or during a home-based trial, did not seemingly result in any marked diminution in medication consumption as the applicant remained reliant on opioids such as Norco. The attending provider's documentation, as previously noted, was sparse, difficult to follow, and mingled old complaints with current complaints. There was no compelling evidence established that the applicant had had a prior successful one-month trial of a TENS unit before request to purchase device was made. Therefore, the request is not medically necessary.

#### **Trigger point injections in paraspinal region: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

**Decision rationale:** As noted on Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. In this case, there is no compelling evidence of myofascial pain syndrome as evinced by documented circumscribed trigger points about the paraspinal musculature. Rather, the attending provider has given other diagnoses here, including chronic pain syndrome,

facet arthropathy of the lumbar region, and strain of the lumbar region, on his February 19, 2014 progress note. Therefore, the request for trigger point injections is not medically necessary.

**Consult with spinal surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1..

**Decision rationale:** As noted on Page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant does have long-standing complaints of chronic low back pain. The attending provider has stated that the added expertise of a spine surgeon may be beneficial in establishing whether or not the applicant is a surgical candidate. Therefore, the request is medically necessary.

**Norco 7.5/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**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 function, and/or reduced pain achieved as a result of the same. In this case, the applicant does consistently report appropriate diminution in pain levels with ongoing Norco usage through the admittedly highly templated progress notes in question. The applicant has apparently maintained successful return to work status. The attending provider has written that the applicant is achieving treatment goals and remaining active, implying that the applicant's ability to perform activities of daily living with opioid therapy is heightened. Therefore, the request is medically necessary.