

<b>Case Number:</b>	CM14-0060274		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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:

This is an 82 year old female patient who reported an industrial injury on 8/23/2002, over 14 year ago, attributed to the performance of her customary job tasks when she reported a slip and fall with pain to the neck, back, and left upper extremity. The patient complains of abdominal pain, and neck pain, and low back pain. The objective findings on examination included cervical spasms with decreased range of motion, tenderness to palpation over the cervical-trapezial ridge; left shoulder has painful range of motion and tenderness to palpation over the AC joint. The patient is noted to have undergone a left shoulder arthroscopy in 2003; revision left shoulder arthroscopy 2007; cervical fusion 2005; lumbar fusion 2006 with a revision in 2007 in hardware removal in 2008; a lumbar fusion at L2-L4; a diaphragmatic hernia repair 2009; left flank incision hernia repair in 2010; abdominal hernia repair in 2011; and a left shoulder replacement on 3/14/2012. The diagnoses included lumbago; post surgical status; intestinal obstruction; osteoarthritis shoulder; abdominal pain left upper quadrant; abdominal wall defect. The treatment plan included trigger point injections with Celestone and Marcaine to the trapezial ridge; Norco 10/325 mg #180; purchase of a lumbar corset replacement; and follow up visit in 4 to 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient injection times one to the neck, trapezial ridge with one cubic centimeter Celestone/two cubic centimeter Marcaine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision Web Edition, page 122 Official Disability Guidelines Chapter Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 185, Chronic Pain Treatment Guidelines trigger point injections Page(s): 122-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-trigger point injections.

**Decision rationale:** The objective findings documented did not meet the criteria recommended by the CA MTUS and the ACOEM Guidelines for the use of TPIs for chronic upper back pain. There is no demonstrated medical necessity for prn trigger point injections to the objective findings that included spasm and TTP documented on examination. The medical records submitted for review fail to document any red flags or significant functional objective deficits that would preclude the patient from being able to participate in an independent home exercise program. The patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening, and range of motion exercises. The use of trigger point injections are recommended for the treatment of chronic neck/back pain in certain conditions when trigger points are identified with a myofascial pain syndrome as a secondary or tertiary treatment in conjunction with an active defined program for rehabilitation when the patient is demonstrated not to be improving with conservative treatment. The CA MTUS and the Official Disability Guidelines state that "Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band". The CA MTUS and the Official Disability Guidelines recommend the use of trigger point injections for "chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment." The CA MTUS and the Official Disability Guidelines do not recommend the use of trigger point injections in the absence of myofascial pain syndromes, without documentation of circumscribed trigger points, or without an ongoing active rehabilitation program. There is no provided documentation consistent with myofascial

pain or documented trigger points with muscle fasciculations in the clinical narrative. The patient's documented diagnoses do not include myofascial pain syndrome and there are no defined specific trigger points and other conservative treatment has not been attempted.

**Norco 10/325 mg Quantity 180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116; Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 10/325 mg #180 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back and neck for the date of injury over 14 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for mechanical back/neck pain which is inconsistent with the recommendations of the CA MTUS. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #180 is not demonstrated to be medically necessary.

**Purchase of Lumbar corset: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter-lumbar supports; back brace postoperative.

**Decision rationale:** The requested lumbar support is not recommended by the CA MTUS, or the Official Disability Guidelines (ODG) in favor of more active rehabilitation to the lower back. There is no clinical documentation of treatment directed to spondylolisthesis, documented instability, or post-operative treatment (fusion) for which the back brace would be recommended by the ODG. The prescribed lumbar support was not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. There was no subjective/objective clinical evidence provided that demonstrated the medical necessity for the prescribed back brace for the treatment of the lower back. The current evidence based guideline

treatment recommendations favor active rehabilitation and exercise over the use of lumbar supports/corsets. Therefore, purchase of Lumbar corset is not medically necessary and appropriate.

**One follow up visit in four to six weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127.

**Decision rationale:** The request for authorization of a follow up general orthopedic surgeon evaluation for the documented diagnoses is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are no documented objective findings by the requesting provider to support the medical necessity of a continued orthopedic treatment for the diagnoses documented. There are no documented surgical lesions to the neck or back or shoulder. There is no demonstrated medical necessity for the patient to continue with Orthopedics for the shoulder, neck, or back for the provision of conservative treatment. The reports by the provider do not establish the medical necessity for continued orthopedic surgeon evaluation/treatment of the cited diagnoses of reported TTP/decreased ROM as effects of the reported industrial injury. Therefore, one follow up visit in four to six weeks is not medically necessary and appropriate.