

<b>Case Number:</b>	CM14-0061264		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 plantar fasciitis, myofascial pain syndrome, foot pain, low back pain, and mid back pain reportedly associated with an industrial injury of March 30, 2009. Thus far, the applicant has been treated with the analgesic medications; transfer of care to and from various providers in various specialties; trigger point injection therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 31, 2014, the claims administrator modified a request for aquatic therapy to land-based therapy, denied a request for Naprosyn, approved a request for Tramadol, approved a request for Norco, and denied an L4-L5 epidural steroid injection. The claims administrator suggested that the applicant may have had prior epidural injections. The applicant's attorney subsequently appealed. Electrodiagnostic testing of October 2, 2013 was negative for any lumbar radiculopathy or peripheral neuropathy. In a March 12, 2014 progress note, the applicant reported persistent complaints of low back pain with frequent radiation of pain to the bilateral lower extremities. The applicant also had numbness about the lower extremities, it was noted. The applicant's pain complaints were impacting his enjoyment of life, his ability to interact with others, and his ability to ambulate. The applicant was using a cane. The applicant was not working, it was acknowledged. Multiple myofascial tender points and taut muscle bands were noted. Multiple trigger point injections were performed. The applicant was asked to obtain an L4-L5 diagnostic epidural injection. It was not clearly stated whether or not the applicant had had a prior injection or not. Twelve sessions of aquatic therapy, Naprosyn, Tramadol, and Norco were endorsed. The applicant was placed off of work, on total temporary disability. In an earlier note dated January 29, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was still using a cane. The applicant was placed off of

work, on total temporary disability. Four trigger point injections were performed. The applicant was asked to obtain two-level epidural steroid injection and pursue 12 sessions of aquatic therapy. The applicant's gait was not described. Naprosyn, Tramadol, and Norco were refilled, along with a urine drug screen.

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

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

**Aquatic Therapy 2 times a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there is no evidence that reduced weight bearing is, in fact, desirable. The applicant's gait was not clearly detailed or characterized on any of the recent progress notes referenced above, including in January 2014 and/or March 2014. It was not stated what contraindications (if any) are present to weight bearing activities, land-based therapy, and/or land-based home exercises. It is further noted that the 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9 to 10 sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. No rationale for further treatment in excess of the MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

**Naproxen 550mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Naprosyn. The applicant remains reliant on opioid agents

such as Norco, despite long-term usage of Naprosyn. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Naprosyn usage. Therefore, the request is not medically necessary.

**Epidural Steroid Injection at the L4-L5 Level: 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:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does note that epidural steroid injections are an option in the treatment of radicular pain, preferably that which is radio graphically and/or electrodiagnostically confirmed, in this case, however, the applicant has had negative electrodiagnostic testing of the lumbar spine and bilateral lower extremities, referenced above. There is likewise no clear radiographic corroboration of radiculopathy on file. The attending provider has not, furthermore, clearly stated whether or not the applicant has had prior epidural steroid injection therapy or not. It is further noted that the applicant's frequent receipt of trigger point injection therapy adds to the considerable lack of diagnostic clarity here as it implies the presence of a myofascial pain syndrome as the primary pain generator as opposed to a bona fide lumbar radiculopathy. For all of the stated reasons, then, the request is not medically necessary.