

<b>Case Number:</b>	CM14-0186460		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 low back pain reportedly associated with an industrial injury of November 30, 2010. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long and short acting opioid; sleep aid; trigger point injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for a spinal cord stimulator trial, a lumbar support, a wheelchair, epidural steroid injection therapy, and an office visit during which delivered the epidural injection. The claims administrator invoked non-MTUS Official Disability Guidelines (ODG) Guidelines to deny the wheelchair, it was incidentally noted, and invoked both non-MTUS ODG Guidelines and non-MTUS AMA Guidelines to deny the epidural steroid injection. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 9, 2014, difficult to follow, not entirely legible. The applicant reported 8-9/10 low back pain radiating to the bilateral lower extremities with ancillary complaints of 6/10 hip pain. X-ray imaging of the hip was sought while Dilaudid, Cymbalta, Lyrica, and a spinal cord stimulator trial were endorsed. The note was handwritten and extremity difficult to follow. In an earlier progress note, undated, the applicant reported 9/10 low back pain radiating to the leg. The applicant was given medication refills, asked to pursue a spinal cord stimulator trial, and kept off of work for one month. On September 13, 2014, the applicant again received medication refills. Physical therapy and an x-ray of the hip were sought. 9/10 overall pain complaints and 8-9/10 low back pain complaints were appreciated. Cymbalta, Ambien, Flexeril, Norco, OxyContin, and Dilaudid were endorsed, again without any explicit discussion of medication efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) trial lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indicators for Stimulator Implantation topic Page(s): 107.

**Decision rationale:** While page 107 of the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that indication for stimulator implantation includes failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury to dysesthesias, pain associated with multiple sclerosis, and/or peripheral vascular disease, in this case, however, it was not clearly stated what diagnosis was present here, which would compel a spinal cord stimulator trial in question. The attending provider's handwritten progress notes did not clearly outlined for what purpose the spinal cord stimulator trial was being sought. Therefore, the request is not medically necessary.

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the California MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of November 30, 2010. Introduction and/or ongoing use of the lumbar support is not indicated, at this late stage in the course of the claim. Therefore, the request is not medically necessary.

**Wheel Chair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power Mobility Devices topic. Page(s): 99.

**Decision rationale:** As noted in the California MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, page 301,

making every attempt to maintain the applicant at maximal levels of activity, including work activities, is recommended. Provision of a wheelchair, thus, would run counter to ACOEM principles and parameters. Similarly, page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. In this case, the requesting provider did not clearly outline the presence of significant gait and/or mobility deficits, which would compel provision of a wheelchair. Provision of the wheelchair, moreover, would seemingly minimize rather than maximize overall levels of activity, which runs counter to the principles articulated in ACOEM Chapter 12, page 301, which recommends maximizing overall levels of activity. Therefore, the request is not medically necessary.

**L4, L5, S1 TESI Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and Table 12-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** While page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that radiculopathy should, preferably, be either electrodiagnostically or radiographically confirmed. In this case, the attending provider failed to support any clear or compelling evidence of radiculopathy in any of the handwritten progress notes, referenced above. Therefore, the request is not medically necessary.

**Office visit for the lumbar ESI injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for the epidural steroid injection. Since that request was deemed not medically necessary, the derivative or companion request for an associated office visit is likewise not medically necessary.