

Case Number:	CM14-0187798		
Date Assigned:	11/18/2014	Date of Injury:	11/12/2007
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/11/2014

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, chronic mid back pain, chronic neck pain, anxiety, and depression reportedly associated with an industrial injury of November 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; opioid therapy; topical compound; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 20, 2014, the claims administrator denied thoracic spine x-rays, lumbar spine x-rays, cervical spine x-rays, general surgery consultation to address the hernia, trigger point injections every three months, and a productivity enhancement program. MS Contin, Norco, Zanaflex, and acupuncture, conversely, were approved. The claims administrator stated that his decision was based on an October 7, 2014 progress note and associated RFA form. In an August 13, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was stated a recent epidural steroid injection therapy in June 2014. The applicant had a past medical history notable for a right inguinal hernia, hydrocele, and erectile dysfunction as well as a past surgical history notable for hydrocelectomy and spermatocelectomy. The applicant's medication list included Tramadol, Neurontin, Wellbutrin, BuSpar, Prilosec, Terocin, Celexa, Ambien and Soma. It was acknowledged that the applicant was not working. It was acknowledged that the applicant was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits. Norco, Zanaflex, Neurontin, and Morphine were continued. The applicant was asked to pursue additional epidural steroid injection therapy, obtain a trigger point injection every four to six months, and obtain acupuncture. It was stated that the applicant needed to consult a general surgeon to evaluate his right-sided inguinal hernia. The cervical, thoracic, and lumbar spine x-rays were also sought, it appeared, although the requesting provider seemingly

suggested that she was also trying to obtain the reports of earlier cervical, thoracic, and lumbar spine x-rays previously done elsewhere. The applicant was given diagnosis of chronic pain syndrome, myofascial pain syndrome, history of rib fractures, and right inguinal hernia. On August 12, 2014, the applicant apparently presented to a new treating provider reporting ongoing complaints of low back pain, wrist pain, and upper extremity paresthesias. The applicant's medications list included Tramadol, Neurontin, Wellbutrin, BuSpar, Prilosec, Terocin, Celexa, Ambien, and Soma. The applicant was frustrated and depressed, it was acknowledged. The applicant had not worked since the date of injury, November 12, 2007, it was acknowledged. Norco and Zanaflex were apparently renewed. The applicant was asked to obtain acupuncture and a productivity enhancement program to include dietary recommendations, physical therapy, and a pain psychology coaching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic spine x-rays: AP and lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of radiography of the neck and/or upper back is deemed "not recommended" in applicants in whom red flags are absent. Here, however, there was no mention that the applicant was having any red flag issues such as fracture, tumor, infection, etc., involving the thoracic spine. It appeared, based on the requesting provider's description of what was being sought, that the thoracic spine x-rays are being sought for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

Lumbar spine x-rays: AP, lateral and oblique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of radiography of the neck and/or upper back is deemed "not recommended" in applicants in whom red flags are absent. Here, however, there was no mention that the applicant was having any red flag issues such as fracture, tumor, infection, etc.,

involving the thoracic spine. It appeared, based on the requesting provider's description of what was being sought, that the thoracic spine x-rays are being sought for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

Cervical spine x-rays: AP and lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the usage of plain film radiography of the neck and/or upper back in the absence of red flags is deemed "not recommended." Here, there was no mention of the applicant's carrying any red flag diagnoses pertaining to the cervical spine on or around the date in question. Rather, it appeared that the attending provider was intent on pursuing x-rays of numerous regions of the spine for routine or evaluation purposes, such usage of the plain film radiography is, however, incompatible with ACOEM, Chapter 8, Table 8-8, page 182. Therefore, the request is not medically necessary.

Consultation with a general surgeon for a right inguinal hernia: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7 on independent Medical Examinations and Consultations page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate when a requesting provider is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider, a physiatrist, is likely uncomfortable treating and/or addressing issues with an inguinal hernia status post suspected inguinal hernia. Obtaining the added expertise of a practitioner better-equipped to address such issues, such as a general surgeon, is indicated. Therefore, the request is medically necessary.

Trigger point injections once every 3 months for a total of 3 TPI over the next 9 months for lower thoracic muscle bulging: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, no repeat trigger point injections should be performed unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Here, however, the requesting provider seemingly sought authorization for multiple sites of trigger point injections without any proviso to evaluate the applicant after each injection to ensure functional improvement with the same. The request, thus, as written, is at odds with page 122 of the MTUS Chronic Pain Medical Treatment Guidelines as it contains no proviso to reevaluate the applicant after each injection. Therefore, the request is not medically necessary.