

Case Number:	CM14-0202472		
Date Assigned:	01/27/2015	Date of Injury:	11/14/1998
Decision Date:	03/03/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 14, 1998. In a utilization review report dated November 8, 2014, the claims administrator failed to approve a request for a functional restoration program evaluation and a TENS unit. Also denied were trigger point injection therapy, Botox injection, and DNA testing. The claims administrator referenced an August 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On August 30, 2014, the applicant reported persistent complaints of low back pain status post failed lumbar fusion surgery. The applicant also received an intrathecal pain pump, spinal cord stimulator, and various other interventional treatments. The applicant reported ancillary complaints of headaches and neurogenic bladder. The attending provider expressed some concern that the applicant was experiencing issues with seizures and/or epilepsy. The applicant was using a walker and/or wheelchair to move about. The applicant's medication list included Protonix, Wellbutrin, Effexor, Bactrim, oxycodone, Lyrica, lactulose, Flomax, montelukast, Flonase, Aldactone, hydrochlorothiazide, Spiriva, modafinil, Lunesta, Intermezzo, Phenergan, Xopenex, Ativan, Tylenol, Keppra, Zofran, baclofen, Depakote, and testosterone. It was not clearly stated when the applicant's medication list had last been updated. The applicant had developed some depressive symptoms, it was also suggested. Authorization was sought for an MRI of the brain to determine the etiology of the applicant's headaches. A TENS unit, trigger point injections, Botox injections, a scar neuroma injection, DNA testing,

drug testing, and a functional restoration program evaluation were endorsed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a functional restoration program can be considered in applicants who are prepared to make the effort to try and improve, in this case, however, the applicant was/is off work, on total temporary disability, several years removed from the date of injury. The applicant remains dependent on a host of analgesic and adjuvant medications. There was, in short, no evidence that the applicant was willing to make the effort to forego disability payments and/or indemnity payments in an effort to try and improve. Therefore, the request was not medically necessary.

TENS Unit: Upheld

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome following an initial one-month trial of the same, in terms of both pain relief and function. Here, however, the attending provider sought authorization for a purchase of TENS unit without evidence of a previously successful one-month trial of the same. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Trigger Point Injection into the Lumbar Paraspinal Muscles: Upheld

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

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, trigger point injections are not indicated in the treatment of radicular pain, as was/is present here. The applicant's primary pain generator is, in fact, lumbar radiculopathy status post earlier lumbar fusion surgery. Trigger point injections are not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.

Injection of the Lumbar Paraspinal Muscles with Botulinum Toxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Botox injections are recommended as an option in the treatment of chronic low back pain in conjunction with a functional restoration program, in this case, however, the applicant was/is off work, on total temporary disability. The applicant has apparently not worked in several years. There was no evidence, in short, that either the applicant or attending provider were intent on employing the Botox injection in conjunction with a program of functional restoration as a means of advancing the applicant's activity levels, work status, and/or functional status. Therefore, the request was not medically necessary.

Injection of Scar Neuroma with Botulinum Toxin While Under Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections can be employed for low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program, in this case, however, neither the attending provider nor the applicant appears intent on employing the proposed Botox injection in conjunction with a program of functional restoration. The applicant was/is off work, on total temporary disability. The applicant has not worked in several years. It does not appear that either the attending provider or the applicant is/was intent on employing the proposed Botox injection in conjunction with a program of functional restoration as a means of advancing the applicant's activity level. Therefore, the request was not medically necessary.

DNA Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is not recommended in the chronic pain context present here. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.