

<b>Case Number:</b>	CM14-0208684		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 54 year old male with an injury date of 07/21/03. The patient is status post spinal cord stimulator removal on 08/14/14, as per the operative report. Per physician's progress report dated 10/28/14, the patient complains of worsening back pain that shoots down to both legs. Physical examination of the lumbar spine reveals thoracolumbar spasm along with tenderness of the right paraspinal muscles around the surgical site. The whole muscle twitches with deep palpation and reveals trigger points. Straight leg raise is positive bilaterally. There is diminished sensation to light touch over the lateral side of the foot. Deep tendon reflexes are diminished at the patella. In progress report dated 09/30/14, the patient complains of pain in the thoracic region. In progress report dated 09/04/14, the patient rates the low back pain as 8/10. He also has bilateral anterior tibialis quadriceps weakness along with decreased sensation in the anterolateral aspect of thighs bilaterally. The patient has received multiple Toradol injections. Medications, as per progress report dated 08/08/14, include Oxycodone and Oxycontin. The patient underwent spinal cord stimulator implant on 05/12/11, and L4-5 posterior decompression and L4-5 non-instrumented fusion on 03/25/10, as per progress report dated 05/19/14. Diagnoses, 10/28/14:- Lumbar spondylosis- Lumbar radiculopathy- Lumbar myofascial pain- Depression The treater is requesting for (a) ONE (1) BILATERAL L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION. (b) ONE (1) TRIGGER POINT INJECTION (c) OXYCONTIN 40 mg. The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 07/17/07 - 12/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral L5 transforaminal epidural steroid injection: 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 ESI Page(s): 46 and 47.

**Decision rationale:** The patient is status post spinal cord stimulator removal on 08/14/14, as per the operative report. The request is for ONE (1) Bilateral L5 Transforaminal Epidural Steroid Injection. The patient complains of worsening back pain that shoots down to both legs, as per progress report dated 10/28/14. In progress report dated 09/04/14, the patient rates the low back pain as 8/10. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." A review of the available records indicates that the patient underwent lumbar ESI on 10/28/13. In progress report dated 01/31/14, the patient notes that "initially he did not think it helped him that much; however, thinking back he feels that it did help him out at least 50% for a couple of months following the injection with his leg pain." The patient states that the low back pain has been persistent but his leg pain was "improved following the epidural." The treater, therefore, requested for another lumbar ESI. The patient received the second injection on 03/17/14, as per the operative report. In progress report dated 04/22/14, the patient notes that the ESI "is not providing him with any significant relief at this point in time." In progress report dated 10/28/14, the treater states that due to the patient's severe radicular symptoms, an injection of Depo Medrol via L5 and/or S1 route will be beneficial. He, therefore, requests for another lumbar ESI. Although the patient has been diagnosed with radiculopathy, no recent imaging studies were provided for review. Additionally, it appears that previous ESI did not lead to 50% reduction in pain and a significant improvement in function, as required by MTUS. Hence, this request is not medically necessary.

**One (1) trigger point injection: 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:** The patient is status post spinal cord stimulator removal on 08/14/14, as per the operative report. The request is for ONE (1) trigger point injection. The patient complains of worsening back pain that shoots down to both legs, as per progress report dated 10/28/14. In progress report dated 09/04/14, the patient rates the low back pain as 8/10. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of 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 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." In progress report dated 10/28/14, the treater states that trigger point injection was given to the patient during the visit "on an urgent basis." The treater further states that "This is medically necessary to relieve the effects of the industrial injury, and the patient is considering going to the ER so hopefully this will avoid ER visit." Physical examination, as per the same progress report, shows the whole muscle twitching in response to deep palpation along with the revelation of trigger points in the affected area. However, the patient is receiving conservative care with some benefits. Additionally, he has been diagnosed with lumbar radiculopathy. MTUS guidelines do not allow for trigger point injections in patients with radiculopathy. This request is not medically necessary.

**Oxycontin 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

**Decision rationale:** The patient is status post spinal cord stimulator removal on 08/14/14, as per the operative report. The request is for Oxycontin 40 mg. The patient complains of worsening back pain that shoots down to both legs, as per progress report dated 10/28/14. In progress report dated 09/04/14, the patient rates the low back pain as 8/10. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Oxycontin was first noted in progress report dated 02/25/13. The patient has been receiving the medication consistently since then. He denies significant side effects. The patient has also undergone regular urine drug screens, with the latest one being on 09/02/14. In progress report dated 04/22/14, the treater reports 30 to 40% reduction in pain due to medication use. However, this is not specific to Oxycontin. In progress report dated 09/30/14, the treater states that it is not possible to wean the patient off opioids in near future due to severe chronic pain and multiple spinal surgeries over a span of 10 years. In progress report dated 01/31/14, the patient states that medications allows him to function better and complete ADLs. In progress report dated 10/28/14, the treater states that medications help the patient "significantly with pain and dysfunction. Without the medications, he would be nonfunctional." However, the

treater does not provide specific measures of ADL's in terms of self-care, ADL's, social/recreational areas and work status. There are no CURES reports for review. Additionally, the request does not include the number of pills and the duration of treatment. MTUS requires clear discussion about all 4As, including analgesia, adverse side effects, ADLs, and adverse behavior, for long-term opioid use. This request is not medically necessary.