Case Number:	CM15-0135684		
Date Assigned:	07/30/2015	**Date of Injury:**	12/01/2014
Decision Date:	09/17/2015	**UR Denial Date:**	07/02/2015
Priority:	Standard	**Application Received:**	07/14/2015

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 25 year old male who sustained an industrial injury on 12-01-2014. Current diagnoses include bilateral lumbosacral strain, bilateral lumbosacral radiculopathy, myofascial pain, bilateral inguinal area pain, question of bilateral inguinal hernia, left rib cage pain, and question of rib fracture. Previous treatments included medications, chiropractic treatments, and physical therapy. Previous diagnostic studies included an MRI of the lumbar spine dated 02-04-2015 and urine drug screening. Initial injuries included the back and abdomen when he lifted a bag of cement. Report dated 05-22-2015 noted that the injured worker presented with complaints that included abdominal pain, left upper back pain in the ribs, low back pain, and right upper back pain. The physician noted that the injured worker stopped working on his own because it hurts too much even with light duty. Pain level was not included. Physical examination was positive for abdominal pain, low back pain, tenderness to palpation in the neck, back, both upper and lower, and into the hips and lateral iliac crests. Credibility testing was positive for non-anatomic tenderness, positive superficial tenderness, positive axial loading, and positive simulated rotation. The treatment plan included returning the injured worker to full duty and discharging him, because the physician could not find anything wrong and his credibility testing was positive. Report dated 06-18-2015 noted current symptoms to include pain in the bilateral iliolumbar ligaments and some radiation of pain to the bilateral lower extremity and some intermittent numbness and tingling sensations affecting both legs. Further complaints included weakness in both legs, left rib pain, pain in the inguinal canal areas with a possible mass on each side, and muscle spasms in the lumbosacral paraspinal muscles. The injured worker has been treated with Naprosyn with relief, but notes gastritis with use. The

injured worker is taking Hydrocodone prescribed by another physician, but is willing to manage pain without narcotic medications. Physical examination of the lumbar spine revealed decreased range of motion, tenderness, trigger points, muscle spasms, decreased sensation, decreased reflexes, decreased strength, and positive straight leg raise. Physical examination of the left rib cage revealed mild swelling and tenderness especially with coughing. Examination of the bilateral inguinal area revealed mild swelling, and a palpable mass upon deeper coughing to both areas. Treatment plan included request for right L4 and S1 lumbar epidural steroid injection and left L5 lumbar epidural steroid injection, request for Naproxen for inflammation, Omeprazole for stomach prophylaxis, Neurontin for paresthesias, and Flexeril for muscle spasms, discontinue all other medications, request for acupuncture to increase activities of daily living and avoid surgical intervention, request for urine toxicology screening, request for lumbosacral brace, request for MRI of the bilateral inguinal area to rule out hernia, request for MRI of the left rib cage to rule out occult fractures, and follow up in one week. The injured worker has been seen for multiple visits on a monthly basis since at least 12/15/2014. Currently the injured worker is working full time with restrictions. Disputed treatments include right L4 and S1 lumbar epidural steroid injection, left L5 lumbar epidural steroid injection, Naproxen 550mg (quantity unspecified), Omeprazole 20mg (quantity unspecified), Neurontin 600mg (quantity unspecified), Flexeril 7.5mg (quantity unspecified), acupuncture 2 x 4 low back, lumbar brace, and MRI left rib cage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend "epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for use of epidural steroid injections to treat radicular cervical pain."Documentation supports that the injured worker presented with complaints of numbness and tingling to the bilateral legs, physical examination was positive for decreased sensation and positive straight leg raises bilaterally. The requesting physician noted that the injured worker has had chiropractic and physical therapy, but there was no documentation submitted for review to

support failure of these conservative treatments. Furthermore there was no diagnostic testing such as an electrodiagnostic study to support radicular pain, and the MRI performed on 02-04-2015 did not reveal any abnormalities. Therefore, the request for right L4 and S1 lumbar epidural steroid injection is not medically necessary.

Left L5 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend "epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for use of epidural steroid injections to treat radicular cervical pain." Documentation supports that the injured worker presented with complaints of numbness and tingling to the bilateral legs, physical examination was positive for decreased sensation and positive straight leg raises bilaterally. The requesting physician noted that the injured worker has had chiropractic and physical therapy, but there was no documentation submitted for review to support failure of these conservative treatments. Furthermore there was no diagnostic testing such as an electrodiagnostic study to support radicular pain, and the MRI performed on 02-04-2015 did not reveal any abnormalities. Therefore, the request for left L5 lumbar epidural steroid injection is not medically necessary.

Naproxen 550mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI Symptoms & Cardiovascular risk, NSAIDs, hypertension and renal function, and NSAIDs, specific drug list &adverse side effects Page(s): 67-73.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional

restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Naproxen on a long-term basis, and the complaints are not an acute exacerbation. Also, there is no documentation of failure with acetaminophen. Therefore the request for Naproxen 550mg (quantity unspecified) is not medically necessary.

Omeprazole 20mg (quantity unspecified): 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), Pain, Proton Pump Inhibitors, NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." Although the injured worker has complaints of gastritis with use of Naproxen, the Naproxen was not approved and deemed medically not necessary. Therefore, the request for Omeprazole 20mg (quantity unspecified) is not medically necessary.

Neurontin 600mg (quantity unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines there are specific guidelines for the use of Gabapentin. "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first line treatment for neuropathic pain." The physician report dated 06-18-2015 documented complaints of numbness and tingling radiating to the bilateral legs from the lumbar area, physical examination was positive for decreased sensation, and straight leg raises were positive. The physician request for Neurontin 600 mg on 06-18-2015 is incomplete as it does not contain the quantity of medication prescribed. Documentation dated 06-25-2015 does include a quantity of 100 and directions for use. Therefore, the request for Neurontin 600mg #100 is medically necessary.

Flexeril 7.5mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has spasms on physical examination in the bilateral iliolumbar ligaments and bilateral lumbar spine paraspinal muscles. Unfortunately the physician request for Flexeril on 06-18-2015 is incomplete as it does not contain the quantity of medication prescribed. Documentation dated 06-25-2015 does include a quantity, but the quantity is not legible. Therefore the request for Flexeril 7.5mg (quantity unspecified) is not medically necessary.

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Medical Treatment Guidelines. "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side-effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guideline recommendation is for 3 to 6 treatments to produce functional improvement, frequency of 1 to 3 times per week, and optimum duration of 1 to 2 months. Acupuncture may be extended if functional improvement is recommended." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The requesting physician did not include the site for the acupuncture and the request is for 8 visits, which exceeds the recommended guidelines. Therefore the request for acupuncture 2 x 4 is not medically necessary.

Lumbar Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Low Back - Lumbar & Thoracic (Acute & Chronic) -Lumbar supports.

Decision rationale: This request for Back Brace (Lumbar Back Support) is evaluated in light of the MTUS recommendations and Official Disability Guidelines (ODG)As per MTUS-ACOEM lumbar supports have not been shown to have any lasting benefit beyond the acute phase of low back pain. Official Disability Guidelines (ODG) does not recommend it for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Official Disability Guidelines (ODG) Recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option. Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. Medical Records of the injured worker indicate chronic low back pain. As per submitted medical records and Guidelines cited, the back brace is not medically necessary and appropriate.

MRI left rib cage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria for Chest Trauma, 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per CA MTUS, ACOEM guidelines: for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and there are no red flags. Within the submitted medical records there is no X-Ray report available and also there is no rationale provided for Requested Treatment: MRI left rib cage. Without such evidence the request for MRI left rib cage is not medically necessary and appropriate.