

<b>Case Number:</b>	CM15-0149675		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/16/2007
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male, who sustained an industrial injury on February 16, 2007. He reported injury to his right shoulder, cervical spine and lumbar spine. The injured worker was currently diagnosed as having cervical sprain, cervical spinal cord syrinx, carpal tunnel syndrome, possible thoracic spinal cord syrinx, multi-level cervical degenerative disk disease, right shoulder sprain, low testosterone from chronic opiate, posterior lumbar decompression, postoperative cervical left upper extremity radiculopathy, postoperative myelopathy, cerebral tonsillar inferior protrusion - herniation and spinal myelopathy with ataxia and imbalance. Treatment to date has included injections, diagnostic studies, surgery, therapy and medications. He was noted to have excellent result with Botox injection with reduced neck spasm. Trigger point injections in the low back and neck helped reduce his overall pain level and controlled his opiate use. Pool exercise was also noted to be helpful. On July 20, 2015, the injured worker complained of increasing back pain with prolonged standing and walking. He rated his pain as a 4 on a 1-10 pain scale. The pain was reported to go down to a one on the pain scale with massage and Norco medication. The treatment plan included medication, medial branch blocks L4, L4, L5, S1, trigger point injections and six sessions of physical therapy. On July 27, 2015, Utilization Review non-certified the request for medial branch blocks L3, L4, L5, S1, Klonopin, physical therapy times six and trigger point injections, citing California MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medial branch blocks L3, L4, L5, S1: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient presents with pain in the neck, shoulders, upper and lower back. The request is for MEDIAL BRANCH BLOCKS L3, L4, L5, S1. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation in the mid cervical spine area with twitching. Range of motion was limited with pain in all planes. Examination to the lumbar spine revealed tenderness to palpation across the lumbosacral region primarily just off midline bilaterally with twitching. Patient's treatments have included massage therapy, Botox injections, trigger point injections and medication. Per Request for Authorization form dated 07/20/15, patient's diagnosis include shoulder injury, cervical sprain, and lumbar sprain. Patient's medications, per 06/02/15 progress report include Advair, Naproxen, Fluticasone Propionate, Proair, Hydrocodone, Quinine Sulfate, Flovent, Andro Gel, Gabapentin, Clonazepam, Pantaprazole, Tamiflu, Voltaren Gel, Zostavax, Diazepam, Cialis, Zyrtec, Zolpiderm, and Benazepril. Patient is retired. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low- back pain that is non-radicular and at no more than two levels bilaterally." "...There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, there are no records indicating that the patient had prior Medial Branch Block injections at the levels requested. There is no evidence that this patient is anticipating surgical intervention. ODG guidelines limit blocks for patients with non-radicular low back pain, and require documentation of failure of conservative treatment. The patient has non-radicular low back pain and has had massage therapy, Botox and trigger point injections with limited improvements. Furthermore, the patient has undergone opiate medication therapy with minimal benefits. This request appears to be reasonable and is in line with guideline recommendations. Therefore, it IS medically necessary.

### **Klonopin (unspecified dosage and quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic Chapter under Benzodiazepine.

**Decision rationale:** The patient presents with pain in the neck, shoulders, upper and lower back. The request is for KLONOPIN (UNSPECIFIED DOSAGE AND QUANTITY). Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation in the mid cervical spine area with twitching. Range of motion was limited with pain in all planes. Examination to the lumbar spine revealed tenderness to palpation across the lumbosacral region

primarily just off midline bilaterally with twitching. Patient's treatments have included massage therapy, Botox injections, trigger point injections and medication. Per Request for Authorization form dated 07/20/15, patient's diagnosis include shoulder injury, cervical sprain, and lumbar sprain. Patient's medications, per 06/02/15 progress report include Advair, Naproxen, Fluticasone Propionate, Proair, Hydrocodone, Quinine Sulfate, Flovent, Andro Gel, Gabapentin, Clonazepam, Pantaprazole, Tamiflu, Voltaren Gel, Zostavax, Diazepam, Cialis, Zyrtec, Zolpiderm, and Benazepril. Patient is retired. ODG guidelines, chapter 'Pain - chronic' and topic 'Benzodiazepine' have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater does not specifically discuss this medication. The patient has been prescribed Klonopin (Clonazepam) since at least 02/06/15. MTUS and ODG guidelines do not support the long-term use of Klonopin (Clonazepam). Furthermore, treater does not discuss nor document the efficacy of this medication. Additionally, the request for additional unspecified quantity - and dosage - of Klonopin (Clonazepam) not indicate short-term use. Therefore, the request IS NOT medically necessary.

**Physical therapy x 6: Overturned**

**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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with pain in the neck, shoulders, upper and lower back. The request is for PHYSICAL THERAPY X 6. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation in the mid cervical spine area with twitching. Range of motion was limited with pain in all planes. Examination to the lumbar spine revealed tenderness to palpation across the lumbosacral region primarily just off midline bilaterally with twitching. Patient's treatments have included massage therapy, Botox injections, trigger point injections and medication. Per Request for Authorization form dated 07/20/15, patient's diagnosis include shoulder injury, cervical sprain, and lumbar sprain. Patient's medications, per 06/02/15 progress report include Advair, Naproxen, Fluticasone Propionate, Proair, Hydrocodone, Quinine Sulfate, Flovent, Andro Gel, Gabapentin, Clonazepam, Pantaprazole, Tamiflu, Voltaren Gel, Zostavax, Diazepam, Cialis, Zyrtec, Zolpiderm, and Benazepril. Patient is retired. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient suffers with pain in the neck, shoulders, upper and lower back and his treatments have included massage therapy. In progress report dated 06/30/15, treater states, "Engaging in formal physical therapy, in addition to the massage as authorized will be worthwhile. This can work on core conditioning." Review of the medical records provided does not indicate prior physical therapy. Given the patient's condition, a short course of therapy would be indicated. The request for 6 physical therapy sessions appears reasonable and therefore, it IS medically necessary.

**Trigger point injections (unspecified quantity): Overturned**

**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 Injection Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Trigger Points Injections.

**Decision rationale:** The patient presents with pain in the neck, shoulders, upper and lower back. The request is for TRIGGER POINT INJECTIONS (UNSPECIFIED QUANTITY). Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation in the mid cervical spine area with twitching. Range of motion was limited with pain in all planes. Examination to the lumbar spine revealed tenderness to palpation across the lumbosacral region primarily just off midline bilaterally with twitching. Patient's treatments have included massage therapy, Botox injections, trigger point injections and medication. Per Request for Authorization form dated 07/20/15, patient's diagnosis includes shoulder injury, cervical sprain, and lumbar sprain. Patient's medications, per 06/02/15 progress report include Advair, Naproxen, Fluticasone Propionate, Proair, Hydrocodone, Quinine Sulfate, Flovent, Andro Gel, Gabapentin, Clonazepam, Pantaprazole, Tamiflu, Voltaren Gel, Zostavax, Diazepam, Cialis, Zyrtec, Zolpidem, and Benazepril. Patient is retired. MTUS Guidelines, Trigger Point Injection, page 122, states 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." ODG Guidelines, Neck and Upper Back Chapter, under Trigger Points Injections states the following: "Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicgia." The patient suffers with pain in the neck, shoulders, upper and lower back. Treatments to date have included conservative treatment including massage therapy, medications and injections. In 07/20/15 progress report, it is stated that the patient the patient has had intramuscular trigger point injections in the low back and neck that help reduce his overall pain one or two weeks and control his opiate use. In this case, the progress reports provided satisfy ODG criteria for such injections, as they include adequate documentation of circumscribed tenderness with twitch response. This request appears to be reasonable and is in line with guideline recommendations. Therefore, it IS medically necessary.