

<b>Case Number:</b>	CM15-0195788		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 53 year old female, who sustained an industrial injury on 02-03-2014. She has reported injury to the bilateral knees and low back. The diagnoses have included lumbar spine neuritis or radiculitis; sciatica; bilateral knee strain; chronic pain syndrome; and sprains and strains of sacroiliac ligament. Treatment to date has included medications, diagnostics, heating pad, H-Wave device, physical therapy, and home exercise program. Medications have included Norco. A progress report from the treating provider, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported pain and weakness in both legs; the pain is described as sharp and shooting; she rated the pain at 9 out of 10 in intensity at its worst in the past week; at its best, it was rated 5 out of 10 in intensity; the pain occurs frequently, lasting about two-thirds of the day; it is exacerbated by movement; it is relieved by lying down and using the H-Wave; and associated symptoms included fatigue and locking of the knee. Objective findings included she is in no apparent distress; she is alert and oriented; there is trace effusion of the knees bilaterally; crepitus is noted with passive range of motion of both knees; there is tenderness to palpation in the medial and lateral joint line bilaterally; trigger points are palpated in the gluteus maximus, gluteus medius, and quadratus lumborum bilaterally; lumbar range of motion was decreased and limited by back spasms; sacroiliac joint compression test is positive; McMurray's test and patellar compression test are positive bilaterally; and there is a hyperpronated gait and stance bilaterally. The provider noted "with this chronic pain syndrome, she has failed traditional treatments in the past by way of home exercise program and physical therapy and medications". The treatment plan has included the request for Spinal Q

brace; medication (from 09-11-15 office visit) Norco 10-325mg; and participation in 15 day trial of Functional Restoration Program (3 times a week for 5 weeks). The original utilization review, dated 09-23-2015, non-certified the request for Spinal Q brace; medication (from 09-11-15 office visit) Norco 10-325mg; and participation in 15 day trial of Functional Restoration Program (3 times a week for 5 weeks).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Spinal Q Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) 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. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)" ODG states for use as a treatment "Treatment: Recommended 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)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for Spinal Q Brace is not medically necessary.

#### **Medication (from 9/11/15 office visit) Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Medication (from 9/11/15 office visit) Norco 10/325mg is not medically necessary.

**Participation in 15 day trial of Functional Restoration Program (3 times a week for 5 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. The current request is for a functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The documentation fails to address the key elements necessary for this type of program. Subjective pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are loss specifically due to pain. A 10 visit trial is recommended and here is a request for 15. As such, the request for Participation in 15 day trial of functional restoration program (3 times a week for 5 weeks) is not medically necessary.