

<b>Case Number:</b>	CM15-0021843		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34-year-old male who reported injury on 08/01/2013. The mechanism of injury was the injured worker was getting ready to do a job and the heavy part of a dolly felt off, and as the injured worker lifted the part back into place he felt pain in his low back radiating down his left leg. The diagnoses included traumatic musculoligamentous strain of the lumbar spine, left leg radiculitis, and herniated discogenic disease at L4-5 with desiccation of disc and annular tear. Prior therapies included physical therapy, medications, and rest. The injured worker underwent an MRI of the lumbar spine. There was a Request for Authorization submitted for review dated 01/15/2015. The documentation of 01/15/2015 revealed the injured worker had subjective complaints of constant sharp, burning, and aching pain in the low back radiating down the left lower extremity. There was numbness and tingling in the low back and in the left lower extremity. The injured worker had difficulty with sleeping due to back pain. The injured worker had popping constantly in the low back. The physical examination revealed tenderness to palpation in the paraspinal muscles with muscle spasms. There was tenderness to palpation in the latissimus dorsi and serratus posterior muscles. There was tenderness to palpation over the L5 and S1 vertebrae. There were palpable trigger points in the lumbar spine and paravertebral muscles with a positive twitch response. The injured worker had decreased range of motion. Sensory examination revealed hypoesthesia over the anterior aspect of the left leg. Deep tendon reflexes revealed a left absent patellar reflex. Achilles reflexes were 2/4. The injured worker had previously undergone x-rays. The additional treatments included physical therapy. The treatment plan and discussion included the injured worker had completed 18

sessions of physical therapy but continued to remain symptomatic. The requested treatments included trigger point injections and medications including Motrin and Zantac. There was a Request for Authorization submitted to support the request.

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

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

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend H2 receptors for treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had dyspepsia. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zantac 150mg #60 is not medically necessary.

**Trigger point injection to the lumbar spine, quantity: 2:** 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): 121, 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro testing). The clinical documentation submitted for review indicated the injured worker had palpable trigger points with a positive twitch response. However, there was a lack of documentation of referred pain. There was a lack of documentation indicating medical management therapies including exercises, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. Additionally, the sensory examination revealed hypoesthesia over the anterolateral aspect of the left leg and, as such, radiculopathy was present. Given the above, the request for Trigger point injection to the lumbar spine, quantity: 2 is not medically necessary.

