

Case Number:	CM15-0046713		
Date Assigned:	03/18/2015	Date of Injury:	12/06/2002
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 64 year old male, who sustained a work/ industrial injury on 12/6/12. He has reported initial symptoms of neck and back pain with radiation to the lower limbs. The injured worker was diagnosed as having sacrolitis of bilateral sacroiliac joints, multiple disc herniations, lumbar radiculitis/radiculopathy of the lower extremities and cervical strain. Treatments to date included medication, physical therapy, left/right sacroiliac joint injections, home exercises, and spinal cord stimulator (with removal). X-rays reveal posteriolateral fusion at L3-4, L4-5, and L5-S1, degenerative disc at L2-3 with disc space narrowing of at least 50%. Currently, the injured worker complains of buttock pain with numbness and tingling of both legs with rate of 9/10. There were also complaints of limited range of motion to the neck and arms associated with muscle spasms along with headaches. The treating physician's report (PR-2) from 2/18/15 indicated the injured worker had severe bilateral sacroiliac joint inflammation with signs of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive on examination. Medications included Norco, Terocin patches, and Terocin lotion. Treatment plan included one first cervical epidural steroid injection at C7-T1 with catheter to C3 through C7 under fluoroscopy guidance, 3 month rental of transcutaneous electrical nerve stimulation (TENS) unit with supplies, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One first cervical epidural steroid injection at C7-T1 with catheter to C3 through C7 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The treating physician's progress report dated 2/18/15 did not document cervical spine magnetic resonance imaging or electrodiagnostic studies. MTUS criteria for the use of epidural steroid injections require that radiculopathy must be corroborated by imaging studies or electrodiagnostic testing. The request for cervical ESI epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for cervical epidural steroid injection is not medically necessary.

3 month rental of Transcutaneous electrical nerve stimulation (TENS) unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs (FRPs) Page(s): 114-121, 45, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve

stimulation (TENS) have found that evidence is lacking concerning effectiveness. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. Neuromuscular electrical stimulation (NMES devices) is not recommended. Electroceutical Therapy (bioelectric nerve block) is not recommended. Galvanic Stimulation is not recommended. Microcurrent electrical stimulation (MENS devices) is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Medical records document a history of neck and low back complaints. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that TENS is not recommended. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. MTUS, ACOEM, and Official Disability Guidelines do not support the medical necessity of TENS for neck and back conditions. Therefore, the request for TENS unit is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Acetaminophen (APAP) Page(s): 74-96, 91, 11-12.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Hydrocodone has a recommended maximum dose of 60 mg/24 hours. Acetaminophen overdose is a well-known cause of acute liver failure. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document a history of neck and low back complaints and Hepatitis C. Urine drug screen tests dated 1/7/15 and 11/12/14 were potentially aberrant. The treating physician's progress report dated 2/18/15 did not address analgesia, activities of daily living, adverse side effects, or aberrant behaviors. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. The request for Norco 10/325 mg #180 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.