

<b>Case Number:</b>	CM14-0214939		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 patient is a 61-year-old male with a remote date of injury of 4/21/2004. He has chronic low back pain. Prior treatment has included: L3-L5 and L5-S1 anterior lumbar interbody fusion with revision fusion, physical therapy, aqua therapy, and trigger point injections. A recent physical exam notes that he walks with a cane and has poor balance. On the right side of the lower lumbar incision he has rather exquisite trigger areas with nodules, slightly abnormal sensation, but normal motor strength. Range of motion is noted to be decreased. He has been received care from an Orthopedic specialist. The patient's work status is described as permanent and stationary, and documentation has stated that he is unemployed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133..

**Decision rationale:** In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. In regards to this patient's case, he is documented to have radiculopathy and therefore meets MTUS criteria for 8 visits. This request is considered medically necessary based off MTUS guidelines.

**Multiple trigger point injections at next visit to lumbar spine:** 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): 122-123.

**Decision rationale:** Criteria for the use of Trigger point injections according to MTUS Guidelines: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) Regarding this patient's case, there is no diagnosis provided of myofascial pain. There is also no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, this request is not considered medically necessary as MTUS guideline criteria for trigger point injections has not been satisfied, according to the documentation provided.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, 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:** In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, 'Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both

GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).' This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole- is not medically necessary.

**Ultram 50 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): (s) 110-115..

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if '(a) If the patient has returned to work, (b) If the patient has improved functioning and pain.' MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. No objective evidence of functional improvement has been provided. Likewise, this request for Ultram is not considered medically necessary.

**Orthopedic re-evaluation in 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Practice Medicine Guidelines Page(s): (s) 2-3.

**Decision rationale:** The California MTUS guidelines state, 'Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management.' Similarly, ACOEM Occupational medicine guidelines also state, 'A health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient.' In regards to this patient's case, there is nothing prohibitory in the guidelines to prevent this patient from participating in the requested follow-up visit with the Orthopedic consultant. Follow-up visits are standard medical practice. This request is considered medically necessary.

