

<b>Case Number:</b>	CM15-0120801		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency 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 66 year old male who sustained an industrial injury on 12/1/10. The injured worker was diagnosed as having degeneration of the lumbar intervertebral disc with myelopathy, lumbar sprain and strain, left knee sprain and strain, insomnia and depression. Currently, the injured worker was with complaints of lumbar spine pain and left knee pain. Previous treatments included oral muscle relaxants, activity modification and medication management. Previous diagnostic studies included an electromyography, magnetic resonance imaging of the spine (February 2015) revealing disc desiccation at L4-5 and L5-S1 levels and diffuse disc protrusion with effacement of the thecal sac at L3-4. Magnetic resonance imaging of the left knee (February 2015) revealed chronic tear of medial meniscus, small knee joint effusion, and degenerative arthritis in the form of reduced joint space, chondromalacia and osteophytes. Magnetic resonance imaging of the right knee (February 2015) revealed chronic tear involving medial meniscus, partial tear of anterior cruciate ligament, sprain of medial collateral ligament and degenerative arthritis. The injured workers pain level was noted as 4/10 in the lumbar spine and 6/10 in the left knee. Physical examination was notable for decreased and painful range of motion in the lumbar spine, decreased and painful range of motion in the left knee. The plan of care was for a L4-S1 epidural steroid injections #3, Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities, drug screen, qualitative, Cyclobenzaprine 7.5 milligrams quantity of 60, Ultram/Tramadol HCL 150 milligrams quantity of 30, Acupuncture treatments 2 times a week for 3 weeks, and Chiropractic treatments 2 times a week for 3 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L4-S1 epidural steroid injections #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The request is for a L4-S1 epidural steroid injections quantity of 3. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS recommendations state that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and physical therapy has failed. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). Provider documentation does not show a failed trial of physical therapy or home exercise program. As such, the request for a L4-S1 epidural steroid injections quantity of 3 is medically unnecessary.

### **Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request is for Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS recommendations state that "electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks." Provider documentation dated 5/5/15 notes the injured worker was with lumbar pain described as "achy intermittent pain" and did not document a neurologic examination of the lower extremities. As such, the request for Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities is medically unnecessary.

### **Drug screen, qualitative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77, 78.

**Decision rationale:** Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified - urine, blood or hair. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41, 63, 64.

**Decision rationale:** The request is for Cyclobenzaprine 7.5 milligrams quantity of 60. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS also recommends, "Muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain...Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Documentation does not give evidence the clear efficacy of this medication for injured workers pain. Additionally, provider documentation does not note the initiation date of Cyclobenzaprine. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. As such, the request for Cyclobenzaprine 7.5 milligrams quantity of 60 is medically unnecessary.

**Ultram/Tramadol HCL 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The request is for Ultram/Tramadol HCL 150 milligrams quantity of 30. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS discourages long term usage unless there is evidence of "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." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Ultram/Tramadol HCL 150 milligrams quantity of 30 is medically unnecessary.

**Chiropractic treatments 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request is for Chiropractic treatments 2 times a week for 3 weeks. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS recommends manual therapy & manipulation for chronic pain caused by musculoskeletal conditions stating "The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Chiropractic treatments 2 times a week for 3 weeks is medically unnecessary.

**Acupuncture treatments 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request is for Acupuncture treatments 2 times a week for 3 weeks. The injured worker was with complaints of lumbar spine pain and left knee pain. CA MTUS section 9792.24.1 Acupuncture Medical treatment Guidelines, Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Provider documentation does not note prior acupuncture treatments. Additionally, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Acupuncture treatments 2 times a week for 3 weeks is medically unnecessary.