

<b>Case Number:</b>	CM15-0121376		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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  
 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 32 year old, male who sustained a work related injury on 3/10/15. He attempted to pick up a large box and felt back pain. The diagnosis has included lumbosacral neuritis/radiculitis. Treatments have included oral medications, LidoPro ointment, TENS unit therapy, use of a cane, and home exercises. In the PR-2 dated 5/22/15, the injured worker complains of low back pain with bilateral leg pain, right greater than left. He has continued to lose weight, 8 pounds. He has decreased range of motion in lumbar area. He has positive straight leg raise. He uses a cane to ambulate. He is not working. The treatment plan includes requests for a surgical evaluation, for refills of medications, for a lumbar epidural steroid injection, to continue with TENS unit therapy, and to start Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL/APAP 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83-94.

**Decision rationale:** Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. The submitted request, Utilization Review nor the documentation includes dosing or frequency. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. It is noted in the documentation that he has taken Norco in the recent past but there is no documentation of how he responded to the medication with decreased pain levels or an improvement of functional capabilities. For these reasons, the requested treatment of Tramadol (Ultram) is not medically necessary.

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** Per CA MTUS guidelines, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Some of the criteria for use includes "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." There is inconsistent documentation of radicular symptoms the injured worker is experiencing and the treatments he is utilizing to improve them. There is no documentation of a specific medication or other treatment that helps to relieve his symptoms. All conservative measures have not been exhausted. He has not received any physical therapy to help relieve his pain and radicular symptoms. Because of these reasons, the requested treatment of a lumbar epidural steroid injection is not medically necessary.

**Spine surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "Within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected." "Surgical consultation is indicated for patients who have: severe and disabling

lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms." The documentation reviewed does not indicate that he is disabled due to his radicular symptoms. All conservative treatments have not been explored to assist in reducing his pain and radicular symptoms. For these reasons, the request for a spine surgery consultation is not medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain - office visit.

**Decision rationale:** Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a pain management consultation. In this case, the treating physician has provided no specific indications for "pain management". The primary treating physician continues to treat whatever pain there is to date. The treating physician placed no parameters such as duration of treatment or frequency of visits on this "pain management". This request includes a request for new analgesic medication. The IW has not had other conservative treatments such as physical therapy. It is unclear why a pain management specialist is indicated for the treatment of this injured worker. Without supporting documentation the request for is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve

impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The provider requested an MRI of the lumbar on the Request for Authorization and it was requested on the Application for Independent Medical Review. It was not requested in the PR-2. There was an MRI of the lumbar spine performed on 5/15/15. There is no documentation of a reason why this MRI was requested or no drastic change in his symptoms that would warrant a repeat MRI so soon. For these reasons, the requested treatment of an MRI of the lumbar spine is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** Per CA MTUS guidelines, transcutaneous electrotherapy (TENS) "represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used." "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." Use of TENS therapy may be appropriate for neuropathic pain and Chronic Regional Pain Syndrome II and some evidence does show some treatment for diabetic neuropathy and post-herpetic neuralgia. "Although electrotherapeutic modalities are frequently used in the management of chronic low back pain (CLBP), few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain." There is no documentation of the TENS unit being used in a trial period and how well it worked to relieve his pain. There is no documentation to reflect how often he is using the TENS unit, how well it is working to relieve his pain and if it works in conjunction with the medications he is taking. Due to the lack of documentation related to the TENS unit, the requested treatment of TENS unit patches is not medically necessary.