

<b>Case Number:</b>	CM15-0125136		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Preventive Medicine, Occupational 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 (IW) is a 48-year-old female who sustained an industrial injury on 04/20/2013. Diagnoses include lumbago, failed back surgery syndrome and lumbosacral radiculitis. Some of the documentation was difficult to decipher. Treatment to date has included medications, spinal injections, back brace, Icy Hot, heating pad, stretching and spinal surgery. According to the progress notes dated 5/26/15, the IW reported back pain rated 6/10 with medications and 8/10 without them. She stated the epidural blocks helped for a few days and then wore off. On examination, straight leg raise was positive bilaterally and range of motion was diminished. Progress notes dated 3/19/15 stated the IW reported her pain was severe and she would have committed suicide had she not had her medications, for which her family paid. A request was made for a caudal epidural injection; MRI of the thoracic spine; MRI of the lumbar spine; aqua physical therapy pool three times weekly for four weeks (#12); Ambien 10mg, #30; and Soma 350mg, #90 for treatment of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Injection Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record reveals that the previous injection lasted only a few days, which is less time than is required for a repeat block. Caudal Epidural Injection Qty 1 is not medically necessary.

**MRI of thoracic Qty 1:** Upheld

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

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. MRI of thoracic Qty 1 is not medically necessary.

**MRI of Lumbar Spine Qty 1:** 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 MTUS states that 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not

warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of Lumbar Spine Qty 1 is not medically necessary.

**Therapeutic procedure, 1 or more - 3 times per week for 4 weeks Qty 12:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient has not exceeded the number of visits allowed by the guidelines. I am reversing the previous utilization review decision. Therapeutic procedure (aquatic therapy), 1 or more - 3 times per week for 4 weeks Qty 12 is medically necessary.

**Ambien 10mg #30 Qty 1:** 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) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg #30 Qty 1 is not medically necessary.

**Soma 350mg #90 Qty 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #90 Qty 1 is not medically necessary.