MAXIMUS Federal Services

Case Number:	CM13-0021932		
Date Assigned:	11/13/2013	Date of Injury:	03/04/2011
Decision Date:	01/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 68 year old female who sustained a low back injury on March 4, 2011. The clinical records reviewed include an assessment of October 9, 2013 with [redacted] citing continued complaints of low back pain with radiating left leg pain, left hip pain and right knee pain. There is noted to be intermittent numbness. The physical examination findings showed the lumbar spine to be with restricted range of motion at endpoints, symmetrical plus one reflexes, tenderness over the sacroiliac spine, paravetebral muscle spasm and diminished light touch to sensation in the lateral foot, medial foot and plantar surface to the right lower extremity. Motor examination was noted to be 5-/5 to the right EHL bilateral knee flexors and ankle dorsiflexion. It states the claimant underwent an August 19, 2013 epidural steroid injection with documentation of benefit not noted. The recommended treatment was inclusive of Gabapentin, Trazodone, Cymbalta and Colace and referral for a repeat L5-S1 bilateral epidural steroid injection. The previous imaging included a 2012 MRI scan of the lumbar spine that showed a two millimeter disc protrusion at L5-S1 with no evidence of spinal stenosis findings noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral transforaminal L5-S1 epidural steroid injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

Decision rationale: CA MTUS with respect to epidural steroid injections states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that 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. In this case, the imaging fails to demonstrate a specific radicular process or compressive pathology at the L5-S1 level for which epidural injection would be supported. There is also no documentation of improvement noted from the previous injection that occurred in August 2013. In the absence of evidence of a clinical radiculopathy and without documentation of the response to the last injection, the requested epidural steroid injection would not be considered as medically necessary.

Neurontin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: Based on the CA MTUS Chronic Pain Guidelines which state that gabapentin (NeurontinÂ®, Gabaroneâ¿¢, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain, the continued use of gabapentin would be supported. The claimant is with current objective findings consistent with a neuropathic pain diagnosis and as such the continued use of this oral agent would be recommended as medically necessary.