

Case Number:	CM13-0044355		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2009
Decision Date:	05/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert 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 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/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:

This is a 51-year-old female who was injured in a work-related accident on 9/14/09, sustaining a slip and fall at work resulting in acute low back complaints. A current clinical record dated 1/3/14 indicated ongoing complaints of pain about the low back axial in nature stating continued use of medication management. It states that recent conservative measures including facet joint injections had failed. The claimant continues to utilize medications in the form of Norco, Gabapentin, and Flexeril. Objective findings showed mild tenderness over the sacroiliac joint with positive Patrick testing. There was pain with facet loading and restricted lumbar range of motion. Neurologic examination showed hypesthesia along the "pelvic region" but no specific sensory deficit. The claimant was diagnosed with facet arthropathy, degenerative disc disease, and an abnormal gait and posture. The recommendations at that time were for continuation of medication management in the form of Gabapentin and Norco. There was also continued request for a multilevel IDET procedure at the L1-2, L2-3, L3-4, and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRADISCAL ELECTROTHERMAL THERAPY (IDET) PROCEDURE UNDER FLUOROSCOPY AT L1-L2, L2-L3, L3-L4 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: California ACOEM Guidelines do not support the role of IDET procedure. Long term studies with regard to efficacy following IDET procedure have noted the procedure to be less than optimal in terms of long term recovery and prognosis. At present, the procedure is not supported by guidelines criteria. There would be no indication as to this patient being an exception to the above rule. The specific request would not be supported. Therefore the request is not medically necessary.

GABAPENTIN 600MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS Guidelines would not support the continued role of Gabapentin. At present, the patient is with a diagnosis of axial complaints of pain and facet syndrome. There is no indication of neuropathic component to the patient's current complaints with no evidence of radicular process. Gabapentin is indicated for neuropathic diagnosis of the lumbar spine. The absence of the above would fail to necessitate the continued role of this agent. Therefore the request is not medically necessary.

NORCO 10/325MG #120: Upheld

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

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

Decision rationale: CA MTUS Guidelines would also not support the continued role of Norco. At present, there is no documentation of significant benefit or improvement in terms of functionality with the use of this short-acting narcotic analgesic. Given the patient's chronic time frame from injury and lack of significant benefit, the continued role of this agent would not be indicated. Therefore the request is not medically necessary.