

Case Number:	CM14-0129101		
Date Assigned:	09/05/2014	Date of Injury:	05/04/2009
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 44-year-old male with a 05/04/09 date of injury. While performing a routine maintenance of a fire engine, he fell on his back. Progress reports dated 8/18/14 states subjective complaints of increased pain levels. Poor quality of sleep. He is not trying other therapies for pain relief. He states the medications he is taking are not effective. His major complaint is mid back pain and lower back ache. Current medications are gabapentin 300 mg, ibuprofen 200 mg. Patient underwent a left knee arthroscopy in 2010, cervical disk replacement procedure at C6-7 in 2011 and right carpal tunnel and cubital tunnel release on 06/03/14. 01/18/13 MRI of lumbar spine states L3-4: Mild disc height loss. 1-2mm posterior disk protrusion without significant central or foraminal stenosis. L4-5: 2-3mm posterior disk protrusion with left posterolateral annular tear. Facet degeneration along with protrusion causing mild to moderate left and mild right foraminal stenosis. L5-S1: Minimal desiccation and posterior disc bulging. 09/03/13 AME report states diagnosis: Chronic neck and upper back pain, with which he associates some radicular paresthesias in both upper extremities. History of anterior cervical discectomy and total disk replacement at C6-7. Chronic low back pain with which he associates radicular paresthesias in L5 distribution in both lower extremities. Chronic left knee pain status post scopic partial medial meniscectomy. Disability status: The neck, low back, left knee and right hand is MMI. The report adds that the patient's low back condition is due to non-verifiable radicular symptoms. EDS dated 12/03/12 state moderate bilateral CTS, mild bilateral cubital tunnel syndrome, no evidence of right or left cervical radiculopathy. 08/18/14 report physical exam: Bilateral tenderness over thoracic spine. Restricted range of motion of lumbar spine, flexion limited to 60 and extension limited to 5 degrees by pain. Bilateral tenderness. Negative facet loading. Positive SLR on the right. Ankle jerk is 1/4 bilaterally. Patellar jerk is 2/4 bilaterally. Normal motor and sensory examination. Diagnosis: Low back pain. Lumbar Disc

Displacement. Previous treatment included LESIs with mild relief, physical therapy, acupuncture, chiropractic therapy with moderate relief. Patient states he using OTC ibuprofen q.i.d., he notes stomach irritation with use of this medication. He has also used Norco for pain control which provided good relief. His Gabapentin and Flexeril use with good relief. Have medications include Lidoderm and BenGay. Treatment plan states: 30 day trial of TENS unit to address myofascial pain, as patient states it was helpful to reduce the pain during flare-ups. Increase get up and get from 300mg nightly to t.i.d. for nerve pain. Prescribed Norco 10-325 mg t.i.d. for pain. Continue with frozen for inflammatory pain. To address stomach irritation a future trial of Celebrex 200 mg daily will be considered. The monitored he will be initiated for assessment of kidney function prior to opiate therapy. The patient continues to report bilateral paresthesias along the front and side of his legs, along the L4-5 dermatome. Positive SLR on the right. Previous epidural injection was 4 years ago and provided mild relief. The patient doesn't feel comfortable with his current home exercise program and could benefit from a refresher course. The request is for 6 sessions. AME 09/03/13 states that the patient does not demonstrate clinical evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for transforaminal epidural injections bilaterally at L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back Chapter, Intervertebral disc disorders without myelopathy

Decision rationale: The patient has stated that the previous prescription of gabapentin and Flexeril provided good relief. This indicates that the pain is most likely neuropathic. Most importantly, the current prescription of Gabapentin 300 mg one tab per day is insufficient to address lumbar radiculopathy. 300mg is a starting dose and should be increased by 100 mg to 300 mg every 1-3 days until the desired affect is reached, which mostly is in the vicinity of 1800 mg, often more. This titration should be carried out carefully. If the pain is in fact radicular, a proper pharmacological therapy with a first-line drug such as gabapentin will decrease the pain levels and provide a great deal of relief to the patient. With that in mind, the guidelines do not recommend epidural steroid injections in cases where conservative treatment has not been administered appropriately. In this case there is a failure to address radicular pain with a first-line medication. There is no overt anatomic impingement on the MRI. Therefore, the request is not medically necessary.

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Based on the documentation provided, the patient had attended 8 sessions of physical therapy in late 2013 and 6 sessions of physical therapy on May 2014, addressing the lumbar/thoracic spine. However, they provided short lasting, poor results and the patient's condition has gotten worse. Guidelines do not support continuation of physical therapy in the absence of measurable objective functional gains and reductions in pain levels, which remained 6-8/10. Moreover, the patient should have already learned many different techniques were carrying out a home exercise program without the need for supervision. The need for a supervised physical therapy for this patient at this time has not been established. Lastly, guidelines do not support a "refresher" PT course, as referred in the medical records. Patients, who have undergone more than two physical therapy treatment courses and who suffer from chronic pain/radicular symptoms are rarely forgetful of the exercises, especially if they had experienced their efficacy. With all the above-mentioned taking into account, the request is not medically necessary.