

Case Number:	CM14-0134410		
Date Assigned:	08/27/2014	Date of Injury:	06/20/2011
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 06/20/2011. The date of utilization review under appeal is 07/22/2014. The patient's diagnoses include lumbar disc disease with radiculitis, sacroiliitis, myofascial pain, and low back pain. On 08/15/2014, the treating physician saw the patient in followup regarding low back pain. The patient was noted to be status post a medial branch block of 07/07/2014. The patient reported pain relief which lasted 5 hours. The patient was seen in followup. The physician noted that a request for gabapentin and a medial branch block had been noncertified. He noted that he had intended to perform 2 medial branch blocks. He also noted that the patient had undergone an epidural steroid injection of 05/20/2013 but did not find that to be helpful. Overall, the treating plan included low back pain, lumbar disc displacement, lumbar radiculitis, sacroiliitis, myofascial pain, and hypertension. The treatment plan included radiofrequency injections since the patient had responded well to a medial branch block, and the treatment plan included gabapentin for neuropathic pain. An initial physician review recommended non-certification of gabapentin as there was no documentation of benefit of that medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin capsules 300mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Section on antiepileptic medications Page(s): 17.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications, page 17, states that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The medical records indicate this patient has been treated with this medication in the past. However, there is very limited information available regarding the benefit or side effects of this medication from prior use. Therefore at this time there is not sufficient information to support this request. The request is not medically necessary.

Bilateral lumbar medial branch block at L3,4,5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation/Low Back

Decision rationale: ACOEM Guidelines Chapter 12 Low Back, page 300, states that invasive techniques including facet injections in the low back are of questionable benefit. Somewhat further detail is provided in the Official Disability Guidelines/Treatment in Workers' Compensation/Low Back which discussed facet joint diagnostic blocks and states that this treatment should be limited to patients with axial pain and not radicular symptoms. The medical records in this case do discuss ongoing radicular symptoms. The clinical presentation does not clearly support the probability of facet-mediated pain. This request is not medically necessary.