

Case Number:	CM14-0176827		
Date Assigned:	10/30/2014	Date of Injury:	04/18/2011
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 70 year old male with an injury date of 4/18/11. Work status as of 10/08/13: Temporarily totally disabled through 6 weeks. Based on the 10/08/13 progress report, which was hand written and mostly illegible, this patient complains of "LBP rad to (L) LE, increased with sitting, standing, twisting, bending." This patient is currently taking Norco and Prilosec. Exam of L/S: T2P L/S PVM, L/S junction. Straight leg raise (SLR) (+)(B) LE (L) -> (R) with decreased sensation L5/S1 N.R. ROM: 42/10/10/10. Exam of L shoulder: without changes. Diagnoses are:- 4/8/13 EMG/NCV acute (R) L5, S (L) L4-5, radiculopathy- s/p 8/24/12 L5/S1 hemilaminectomy/Foraminotomy/decompression- (L) shoulder periscapular strain and a tendon impingement, tendonitis, and bursitis- Hx of (L) elbow pain and (L) groin pain, both asymptomatic at this time, sleep difficulties - refer- L/S MRI with GAD 9/6/13 2mm DP at L3-L4; 2mm DP w/abutment of R/L L5 N.R., multilevel/mild facet arthropathyThe utilization review being challenged is dated 10/18/14. The request is for Lyrica 75 mg #60, one lumbar spine MRI with GAD, one sleep specialist referral, and one left L5-S1 + S1 TFESI.-The utilization reviewer recommended the certification of Lyrica only.-Request for ESI was denied as the "patient has undergone at least 3 lumbar and caudal epidural injections in 2011 and 2012 with reported 70% improvement of pain for only a few days and considering lack of evidence for reduced pain for 6-8, as recommended with "objective documented reduced pain and increased function improvement, with associated reduction of medication use for six to eight weeks."- Treater denied the MRI on the basis that "guidelines do not recommend repeat MRI without significant deterioration in symptoms and/or signs." -The referral was denied as patient failed to meet the criteria as required for polysomnography and is not indicated for "routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with "low back pain radiating to the left lower extremity that increases with sitting, standing, twisting, [and] bending." The treater requests Lyrica 75 mg #60. Regarding pregabalin (Lyrica), MTUS guidelines recommend its use for postherpetic neuralgia, fibromyalgia, and peripheral neuropathy, and as first-line therapy for painful polyneuropathy (i.e., diabetic polyneuropathy). This patient complains of low back pain that radiates down to his legs, bilaterally, with decreased sensation and positive SLR. He also complains of "the lower extremity pain, numbness, and tingling going into the foot." Use of Lyrica for peripheral neuropathy seems reasonable, given this patient's symptoms and diagnoses.

One lumbar spine MRI with GAD: Upheld

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

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 chapter, MRI

Decision rationale: This patient presents with "low back pain radiating to the left lower extremity that increases with sitting, standing, twisting, [and] bending." The treater requests lumbar spine MRI with GAD, reason: "see dx."ODG guidelines require documentation of radiculopathy after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit, prior lumbar surgery, caudal equine syndrome or in cases of myelopathy, or in cases of trauma with neurological deficits.Per the 9/16/13 MRI of lumbar spine: 2-mm disc protrusion at L5-S1, with abutment of the exiting right and left L5 nerve roots; mild multilevel facet arthropathy; and, a 2-mm disc protrusion at L3-L4 with no neural abutment or central canal narrowing. Exam of this patient is positive for L/R straight leg test, with "decreased sensation to L5/S1 N.R." There is also tenderness to palpation to L/S. Referenced in the 10/08/13 report is a 4/8/13 electromyography (EMG)/nerve conduction velocity (NCV) "acute (R) L5, S (L) L4-5, radiculopathy." This patient is also status post (s/p) 8/24/12 L5/S1 hemilaminectomy/Foraminotomy/decompression. This patient has radiculopathy confirmed by the EMG/NCV, persistent symptoms of low back pain with pain radiating to the legs bilaterally with decreased sensation, numbness and tingling, positive SLR, s/p lumbar surgery. The patient is being prescribed six courses of acupuncture, HEP, and pain medication. The treater asks for a

repeat lumbar MRI but there is one already done from 2013 with contrast. The treater does not explain why another set is needed. There is no new injury or significant change in the patient's clinical presentation. The request is not medically necessary.

One sleep specialist referral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127 and the Official Disability Guidelines (ODG) Mental/stress chapter, polysomnography

Decision rationale: This patient presents with "complaints of sleeping difficulties secondary to chronic pain," per 11/06/13. The treater requests a sleep specialist referral. ACOEM guidelines state: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ODG guidelines recommend polysomnograms/sleep studies (administered by sleep specialist) for insomnia complaints at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. -8/14/13 Survey: Patient checks box for: "Because of pain my normal night's sleep is reduced by less than 2/4." Pain Severity scale: 7/10 (0-no pain/10-excruciating).-9/24/13 Survey: Patient checks box for: "Because of pain my normal night's sleep is reduced by less than 1/4." Pain Severity scale: 5/10 (0-no pain/10-excruciating).-11/08/13 Progress report: The fifth diagnosis: "Complaints of sleeping difficulties."-11/20/13 Urine Drug Screen: Tested positive for Hydcodone/dihydrocodeinone only.-3/07/14 Urine Drug Screen: Tested positive for Hydcodone/dihydrocodeinone only.-3/17/14 Progress report: Under review of systems, treater does not indicate "Difficulty sleeping" on exam. No sleep aides prescribed. Current meds: Norco, Lyrica, and Prilosec. There is a lack of documentation indicating attempted and unresponsive use of alternative treatment measures such as: trials of over-the-counter (OTC) sleeping aides or prescription medications, behavioral interventions or alteration in sleep hygiene practices at home, and/or the exclusion of psychiatric etiology. This patient's report of "difficulty sleeping due to pain," does not warrant a referral to a sleep specialist as a medical necessity. Furthermore, this patient's inability to sleep due to pain, has improved from being affected by 50% in August in 2013, to less than 25% in September of 2013. The request is not medically necessary.

One left L5-S1 + S1 Transforaminal Epidural Steroid Injection (TFESI): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: Regarding epidural steroid injections, MTUS guidelines require documentation of radiculopathy defined by dermatomal distribution of pain corroborated by examination and imaging studies. Per the 9/16/13 MRI of lumbar spine: 2-mm disc protrusion at L5-S1, with abutment of the exiting right and left L5 nerve roots; mild multilevel facet arthropathy; and, a 2-mm disc protrusion at L3-L4 with no neural abutment or central canal narrowing. Exam of this patient is positive for L/R straight leg test, with "decreased sensation to L5/S1 N.R." There is also tenderness to palpation to L/S. Referenced in the 10/08/13 report is a 4/8/13 EMG/NCV "acute (R) L5, S (L) L4-5, radiculopathy." This patient is also s/p 8/24/12 L5/S1 hemilaminectomy/Foraminotomy/decompression. Given this patient's radiculopathy confirmed by two diagnostic tests: (1) EMG/NCV and (2) MRI, showing a 2mm disc protrusion with abutment at L5 nerve root, corroborated with physical exam findings that support the injections. The request is medically necessary.