

Case Number:	CM14-0179348		
Date Assigned:	11/03/2014	Date of Injury:	10/09/2013
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a lumbar epidural steroid injection, denied Neurontin, denied a urine toxicology screen, denied a left knee MRI, denied unspecified amounts of physical therapy for the left shoulder. The claims administrator stated that the applicant had had 24 sessions of physical therapy to date, without any evidence of improvement. The claims administrator then stated, somewhat incongruously, that the lumbar epidural steroid injection would be denied on the grounds that the applicant had responded favorably to physical therapy treatment, despite having radiographic corroboration of radicular complaints. The attending provider denied gabapentin on the grounds that it was not producing any benefit. The claims administrator stated that it was basing its decision on an October 16, 2014 progress note. The applicant's attorney subsequently appealed. On October 1, 2014, urine drug testing was performed. Confirmatory and quantitative testings were performed on several different opioid, benzodiazepine, and antidepressant metabolites. The test was labeled a random test. In a progress note dated October 1, 2014, the applicant presented reporting ongoing complaints of low back pain, left shoulder pain, and left knee pain following an industrial motor vehicle accident. The applicant's pain was, at times, as high as 8-9/10. The applicant was having difficulty performing activities of daily living including lifting, carrying, pushing, pulling, kneeling, standing, walking, and bending. The applicant was using aspirin, Ativan, Norco, Neurontin, and Prilosec, it was acknowledged. The applicant was having issues

with poor energy, poor sleep, unhappiness, and other depressive symptoms, it was suggested in the review of systems section of the note. The applicant was currently not working, it was acknowledged, and had not worked since the date of injury. The applicant exhibited an antalgic gait. 4/5 to 5/5 left lower extremity strength was noted versus 5/5 throughout the right lower extremity. The applicant was asked to continue Norco and naproxen. Neurontin and nortriptyline were also prescribed. It was suggested (but not clearly stated) that the request for Neurontin and nortriptyline were first-time request. Urine drug testing was also endorsed. MRI imaging of left knee was also sought, along with a left-sided L4-L5 transforaminal epidural steroid injection. The attending provider stated at the bottom of the report that the applicant's knee pain was worsening. The applicant did reportedly exhibit a positive McMurray maneuver about the injured knee, with associated crepitation. The attending provider stated that x-rays of the knee could be performed to rule out degenerative joint disease and that MRI imaging could also be considered to evaluate the applicant's medial joint line pain. A March 24, 2014 progress note did acknowledge that the applicant was not working. The applicant was using gabapentin, Norco, and naproxen as of that point in time. The remainder of the file was surveyed. There was no evidence that the applicant had had prior epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transforaminal epidural steroid injection on the left at L4 and L5 under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the claims administrator did allude to lumbar MRI of March 2014 demonstrating broad-based disk protrusion at L4-L5 generating associated moderate to severe neuroforaminal stenosis at the L4-L5 level. Thus, the applicant's radiculopathy is radiographically corroborated. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, moreover, also endorse up to two diagnostic epidural blocks. Here, the applicant does not appear to have had any prior epidural injections. A first-time epidural injection at the level in question is indicated, given the failure of extensive conservative treatment in the form of time, medications, physical therapy, observation, etc. Accordingly, the request is medically necessary.

One prescription of Neurontin 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: The request in question does represent a renewal request for Neurontin (gabapentin). However, as noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit, as to whether there have been improvements in pain and/or function with the same. Here, however, the applicant is off of work, on total temporary disability, has not worked in over a year. The applicant is having difficulty performing activities of daily living, including yard work, socializing, working, standing, walking, lifting, etc., the attending provider reported above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (gabapentin). Therefore, the request is not medically necessary.

One urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attach the applicant's complete medication list to the request for authorization for testing, state when the applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department of drug overdose context. Here, however, confirmatory and/or quantitative testings were performed on drug testing of October 1, 2014. No rationale for the same was furnished by the attending provider. It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary. Therefore, the request is not medically necessary.

One MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335 and 336..

Decision rationale: The attending provider indicated in his progress note that the applicant could have a variety of diagnoses, including nonspecific knee pain versus knee arthritis versus knee arthropathy versus meniscal knee pain. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm various and sundry knee diagnoses, including patellar tendonitis, posterior cruciate ligament tear, anterior cruciate ligament tear, collateral ligament tear, meniscal tear, etc., ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being contemplated. Here, there was neither an explicit statement (nor implicit expectation) that the applicant would act on the results of the knee MRI in question and/or consider a surgical intervention involving the same were the MRI results in question positive. It was further noted that x-rays of the left knee were concurrently sought to search for knee arthritis. If sufficiently positive, these would likely obviate the need for the proposed knee MRI. Therefore, the request is not medically necessary.

Unknown physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212, Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, .

Decision rationale: The applicant has had prior treatment (24 sessions), per the claims administrator, seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work and remains dependent on a variety of analgesic and adjuvant medications, including Neurontin, Pamelor, naproxen, Norco, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy over the course of the claim. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 notes that it is incumbent upon the attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." The request for unknown physical therapy session for the left shoulder is inherently ambiguous and did not clearly state treatment goals. Therefore, the request is not medically necessary.