

Case Number:	CM14-0020610		
Date Assigned:	04/30/2014	Date of Injury:	03/16/2012
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 March 16, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; opioid therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of February 3, 2014, the claims administrator apparently denied a request for eight sessions of physical therapy and partially certified Neurontin, reportedly for weaning purposes. The claims administrator stated that the applicant did not have neuropathic pain. The claims administrator stated that the attending provider did not document whether or not the applicant had had prior physical therapy. The claims administrator cited non-MTUS ODG Guidelines in its decision to deny physical therapy, despite the fact that the MTUS addressed the topic. A January 15, 2014 progress report was notable for comments that the applicant had had a recent epidural steroid injection. The applicant reported pain ranging from 0-2/10. The applicant's pain level was 0/10 with medications and 2/10 without medications, it was stated. Additional physical therapy and Neurontin were endorsed. The applicant's primary diagnosis was lumbar radiculopathy. It did appear that the applicant had earlier been issued a prescription for Neurontin on December 4, 2013. It was again stated that the applicant's pain levels are 4-5/10 with medications and 7-8/10 without medications, but the applicant was limited in terms of ambulation and sleep secondary to pain. Epidural steroid injection therapy was endorsed. The applicant's work status was not detailed. In a progress note dated October 9, 2013, the attending provider stated that the applicant's Oswestry Disability Score indicated that the applicant was "crippled" in terms of functional disability with persistent low back pain interfering with all activities of life. Neurontin was again endorsed. In an appeal letter dated February 14, 2014, the attending provider stated that the applicant needed physical therapy

following an epidural steroid injection. It was again not clearly stated how much prior physical therapy the applicant had had. It was stated that gabapentin should be furnished to reduce chronic neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is a first-line treatment for neuropathic pain. In this case, the applicant does have lumbar radiculopathy, a form of neuropathic pain, contrary to what was suggested by the claims administrator. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouses the position that all chronic pain conditions may have some neuropathic component. In this case, the attending provider has seemingly posited that ongoing usage of gabapentin or Neurontin has attenuated the applicant's lower extremity radicular complaints and has diminished the applicant's pain levels. The attending provider did state on a January 15, 2014 progress note that the applicant reported improved mobility and improved sleep, either through usage of Neurontin or through some combination of Neurontin and an epidural steroid injection. Continuing Neurontin, then, is medically necessary, given the applicant's reportedly favorable response to the same. Therefore, the request is medically necessary.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: While the eight-session course of treatment is consistent with the 8-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, it is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, it has not been clearly stated how much prior physical therapy the applicant had had over the life of the claim. It was not clearly stated what the applicant's response to earlier physical therapy was. The applicant's work and functional status were not provided. No clear goals for additional physical therapy were stated. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goals. In this case, the attending provider did not clearly state treatment goals. Therefore, the

request is not medically necessary, for all of the stated reasons.