

<b>Case Number:</b>	CM14-0037716		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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:

According to the records made available for review, this is a 21-year-old male with a 4/24/12 date of injury. At the time (2/28/14) of request for authorization there is documentation of subjective (low back pain radiating to lower extremity left greater than right) and objective (lumbar spasm and tenderness to palpation) findings. Imaging findings include lumbar spine MRI that revealed L5-S1 grade 1 degenerative spondylolisthesis, 4-5 mm annular bulge with minimal impingement on S1 nerves, right greater than left. Current diagnoses include lumbar discogenic syndrome, lumbosacral or thoracic neuritis, lumbar sprain/strain, and myofascial pain. Treatment to date includes activity modifications and medications (including ongoing treatment with Gralise). Regarding the bilateral L5-S1 transforaminal epidural steroid injections, there is no documentation of subjective and objective radicular findings in the requested nerve root distribution, and failure of additional conservative treatment. Regarding Gralise 600 mg #90, one refill, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gralise use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) bilateral L5-S1 transforaminal epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**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) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** ACOEM Guidelines identifies documentation of objective radiculopathy in an effort to avoid surgery, as criteria necessary to support the medical necessity of epidural steroid injections. ODG Guidelines identifies documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, failure of conservative treatment, and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic syndrome, lumbosacral or thoracic neuritis, lumbar sprain/strain, and myofascial pain. In addition, there is documentation of imaging (MRI) findings (nerve root compression) at the requested level, failure of conservative treatment (activity modification and medications), and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (low back pain radiating to lower extremity left greater than right) and objective findings (lumbar spasm and tenderness to palpation), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Gralise 600 mg #90, one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic syndrome, lumbosacral or thoracic neuritis, lumbar sprain/strain, and myofascial pain. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gralise, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gralise use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

