

Case Number:	CM14-0065936		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2005
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/09/2014

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 who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier multilevel cervical fusion surgeries; multiple lumbar spine surgeries; and unspecified amounts of physical therapy over the course of the claim. The claims administrator seemingly interpreted the L3-L4-L5 epidural block as a three-level epidural block, it is incidentally noted. The claims administrator's report was in outline format, with little narrative commentary. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant continued to report paresthesias. The attending provider stated that the applicant's medications were helping the applicant. The applicant's medication list included Valium, Flexeril, Neurontin, and Percocet. The applicant had a height of 6 feet 1 inch and weight of 210 pounds, it was stated. The applicant had persistent complaints of right calf pain in the L3-L4 distribution. L3-L4 epidural steroid injection therapy was sought. The attending provider stated that the applicant's symptomatology was consistent with MRI findings at the L3 and L4 levels. The attending provider stated that he would appeal all of the earlier denied medications. The applicant was described as permanent and stationary. It was not clearly stated whether or not the applicant was working. In an earlier note dated April 20, 2014, the applicant presented with 7/10 low back pain. The applicant's low back pain was worsened by activities and alleviated by rest, it was stated. The applicant's sleep and mood were both deranged secondary to pain, it was stated. The applicant was limited in terms of activities of daily living secondary to pain, it was stated. Somewhat incongruously, then, the attending provider stated that the medications were providing the applicant with pain relief. The applicant was still reporting 7/10 pain with paresthesias about the right leg. The attending provider did not

outline what (if any) functions were ameliorated with ongoing medication usage. The applicant's medication list at this point included Valium, Flexeril, Percocet, and Neurontin. The applicant was described as having radicular complaints in the L3-L4 distribution. The applicant did exhibit a stable gait and was apparently neurologically intact without any gross deficits. Multiple medications were renewed. Lumbar MRI imaging with and without gadolinium contrast dated July 31, 2013 was notable for moderate foraminal stenosis at the L3-L4 level without nerve encroachment. There were no associated complications or stenosis noted at the L4-L5 level with postoperative changes noted about the same. Clumping at the L4 nerve root suggestive of arachnoiditis was also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injections L3, L4, L5: Upheld

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

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support epidural steroid injections as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that an applicant's radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. In this case, both the applicant's treating provider and the radiologist in question have commented that the applicant's radicular pathology emanates from the L3-L4 level. The attending provider wrote on several occasions that he believed the applicant's radicular symptoms and signs were confined to the L3-L4 level. The attending provider himself, in several progress notes, referenced above, stated that epidural steroid injection therapy would be confined to the L3-L4 level. It is unclear why the L4-L5 level is being targeted if the attending provider does not believe that it is in fact a contributor towards the applicant's ongoing radicular complaints. Therefore, the request is not medically necessary.

Monthly follow up visits x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 303 does acknowledge that the frequency of follow-up visits should be dictated by an applicant's work status, in this case, the applicant's low back issues are, quite clearly, chronic. The applicant is already permanent and stationary. Less frequent follow-up visits will likely suffice as opposed

to the monthly follow-up visits seemingly being sought by the attending provider. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other agents, including Valium, Percocet, Neurontin, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin 600mg #90 with 3 refills: Upheld

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

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however the applicant continues to report pain at the 7/10 level or greater, with associated right lower extremity paresthesias/dysesthesias. The applicant remains highly reliant and highly dependent on opioid agents such as Percocet. The applicant does not appear to have returned to work with permanent limitations in place. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing gabapentin usage. Therefore, the request is not medically necessary.