

Case Number:	CM15-0109600		
Date Assigned:	06/16/2015	Date of Injury:	04/06/2012
Decision Date:	08/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old male, who sustained an industrial injury on 04/06/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left knee sprain/strain arthropathy, lumbar sprain/strain with lumbar disc disease, and thoracic sprain. Treatment and diagnostic studies to date has included magnetic resonance imaging to the lumbar spine performed on 07/12/2012, magnetic resonance imaging of the thoracic spine performed on 12/18/2012, lumbar epidural steroid injection, use of a transcutaneous electrical nerve stimulation unit, status post left knee arthroscopy, exercise at a gym, and cortisone injections to the left knee. In a progress note dated 05/18/2015 the treating physician reports complaints of constant, stabbing pain radiating to the right lower extremity with associated symptoms of weakness and tingling. Examination reveals a decreased range of motion. The treating physician noted magnetic resonance imaging of the lumbar spine and thoracic spine that reveals multi-level disc disease of the lumbar spine and thoracic spine, canal narrowing at thoracic 10 to 11 with facet arthropathy, and a small herniation at thoracic 11 to 12 level. The treating physician requested a magnetic resonance imaging of the lumbar spine due to worsening low back pain with radiculopathy symptoms. The treating physician requested a consultation with specialist for lumbar injection therapy noting prior lumbar epidural steroid injection, but the documentation did not indicate the effectiveness of the previous lumbar epidural steroid injection. The progress note also included a request for eight sessions of physical therapy to the low back and mid back for chronic pain stiffness, with the medical records lacking documentation of previous physical

therapy. The treating physician also requested the medication of Gabapentin 100mg with a quantity of 90 with 3 refills with the treating physician noting previous prescription of this medication, but did not indicate if the injured worker had prior use of this medication along with the injured worker's pain level as rated on a pain scale prior to use of this medication and after use of this medication to indicate the effects with the use of Gabapentin. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine: 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), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under MRI.

Decision rationale: The patient was injured on 04/06/12 and presents with right shoulder pain and low back pain which extends to the right lower extremity with weakness/tingling. The request is for a repeat MRI of the lumbar spine "to do compression and neurosurgeon referral." The RFA is dated 05/18/15 and the patient is retired. The 05/18/15 report states that the patient's last MRI of lumbar spine was done on 07/12/12 which revealed multilevel disc disease worse ant L4-5 and L5-S1 levels, as well as small herniation at T11-12 level. The 05/18/15 report states that the patient has "worsening low back pain with radiculopathy." For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient is diagnosed with left knee sprain/strain arthropathy, lumbar sprain/strain with lumbar disc disease, and thoracic sprain. The lumbar spine has a limited range of motion. Although the treater would like an updated MRI of the lumbar spine "to do compression and neurosurgeon referral," there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.

Consultation with Treating Physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's, Epidural steroid injections Page(s): 46-47. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 page 127.

Decision rationale: The patient was injured on 04/06/12 and presents with right shoulder pain and low back pain which extends to the right lower extremity with weakness/tingling. The request is for a consultation with treating physician "for lumbar injection therapy" (level of injection is not indicated). The RFA is dated 05/18/15 and the patient is retired. The 07/12/12 MRI of lumbar spine revealed multilevel disc disease worse ant L4-5 and L5-S1 levels. The 05/18/15 report indicates that the patient had a prior ESI of the lumbar spine in the beginning of 2012; however, the results of this ESI are not provided. ACOEM Practice Guidelines, 2nd edition (2004), page 120, has the following: "Occasional health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient is diagnosed with left knee sprain/strain arthropathy, lumbar sprain/strain with lumbar disc disease, and thoracic sprain. The lumbar spine has a limited range of motion. It appears that the patient had a prior lumbar epidural steroid injection in 2012. However, there is no indication of how this injection impacted the patient's pain and function. MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, there is no numerical value provided regarding how much benefit the patient had from the prior ESI. Furthermore, the levels for which this injection to occur at is not mentioned and the MRI provided does not show a potential nerve root lesion to consider an ESI. The requested consultation for a lumbar injection therapy IS NOT medically necessary.

PT for The Low Back and Mid Back Qty 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 04/06/12 and presents with right shoulder pain and low back pain which extends to the right lower extremity with weakness/tingling. The request is for PT for the low back and mid back qty 8 for chronic pain and stiffness. The utilization review denial letter did not provide a rationale. The RFA is dated 05/18/15 and the patient is retired. Review of the reports provided does not indicate if the patient had any prior

physical therapy to the lower and mid back. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with left knee sprain/strain arthropathy, lumbar sprain/strain with lumbar disc disease, and thoracic sprain. The lumbar spine has a limited range of motion. There is no indication of any recent surgery the patient may have had. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with his mid and low back pain. The requested 8 sessions of physical therapy IS medically necessary.

Gabapentin 100 MG Qty 90 with 3 Refills: Upheld

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

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

Decision rationale: The patient was injured on 04/06/12 and presents with right shoulder pain and low back pain which extends to the right lower extremity with weakness/tingling. The request is for gabapentin 100 mg qty 90 with 3 refills. The RFA is dated 05/18/15 and the patient is retired. The patient has been taking this medication as early as 01/27/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with left knee sprain/strain arthropathy, lumbar sprain/strain with lumbar disc disease, and thoracic sprain. The lumbar spine has a limited range of motion. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.