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| Case Number: | CM15-0018431 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 12/12/2013 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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, Arizona
 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 65-year-old male who reported an injury on 12/12/2013. The mechanism of injury was not stated. The current diagnoses include lumbar herniated nucleus pulposus, GI upset, left hand pain, and status post left knee meniscectomy. The injured worker presented on 12/18/2014 for a follow up evaluation with complaints of 7/10 left knee pain. Upon examination, there was reduced sensation to light touch/pinwheel in the bilateral L5-S1 distributions, positive straight leg raise bilaterally, 30 degree flexion, 20 degree extension, 20 degree side bending, 20 degree right and left rotation, and diminished grip strength. Recommendations included continuation of Zantac 150 mg and Gabapentin 100 mg, as well as physical therapy twice per week for 4 weeks and a lumbar epidural steroid injection. A lumbosacral brace was also requested. A Request for Authorization form was submitted on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic (Acute & Chronic) chapter Back Brace/Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there was no documentation of a significant musculoskeletal deficit. There was no evidence of instability upon examination. The medical necessity has not been established. Therefore, the request is not medically appropriate.

LESI x3 (Lumbar spine epidural injections under fluoroscopic guidance x 3) at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It is noted that the injured worker has evidence of positive straight leg raise and decreased sensation upon examination. However, the California MTUS Guidelines state current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. Therefore, the current request for a lumbar epidural steroid injection x3 is not medically necessary.

Gabapentin 100mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker has continuously utilized Gabapentin 100 mg for an unknown duration. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Therefore, the request is not medically appropriate.

Physical Therapy 2x a week for 4 weeks: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request as submitted failed to indicate a specific body part. Therefore, the request is not medically appropriate at this time.

Ranitidine 150mg #60 x 5 refills each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state, for treatment of dyspepsia secondary to NSAID therapy, the NSAID should be discontinued or switched to a different NSAID, and consideration of an H2 receptor antagonist or a PPI should be made. In this case, it was noted that the injured worker's prescription for ibuprofen was discontinued. The medical necessity for the requested medication has not been established. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate at this time.