

Case Number:	CM15-0185543		
Date Assigned:	09/25/2015	Date of Injury:	02/18/2009
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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, Hawaii
 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 40 year old female, who sustained an industrial injury on 2-18-09. The injured worker was diagnosed as being status post revision fusion on 12-5-14. Treatment to date has included L5-S1 fusion on 12-5-14, at least 17 physical therapy sessions, TENS, use of a lumbar brace, and medication including Hydrocodone, Cyclobenzaprine, and Tramadol. On 7-24-15 physical examination findings included left greater than right lower extremity neurologic deficit. On 7-24-15 the treating physician noted the injured worker "complains of decline in tolerance to a variety of activity included standing and walking." On 7-24-15, the injured worker complained of low back pain with left right lower extremity symptoms rated as 7 of 10. The treating physician requested authorization for a Cortisone injection to L5-S1 and Gabapentin 6% in base 300g with 3 refills. On 9-1-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to L5-S1 for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with lower back pain. The current request is for cortisone injection to L5-S1 for low back pain. The treating physician states, in a report dated 06/24/15, "I would like the patient to receive injections at the S1, S2 vestigial joint, and at the SI joints bilaterally. The patient is presenting with complaints of back pain in the presence of transitional lumbosacral anatomy, known as Bertolotti syndrome." (48B) MTUS is silent on the issue of cortisone injections. ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. In this case, the treating physician, based on the records available for review, does not document any of the criteria for the use of diagnostic blocks. The progress notes from the physician do not document a very extensive physical exam. The current request is not medically necessary.

Gabapentin 6% in base, 300 grams with 3 refills; apply 3 grams 3-4 times a day for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain. The current request is for Gabapentin 6% in base, 300 grams with 3 refills. The treating physician states, in a report dated 04/15/15, "This is a formal request for gabapentin 6% in base, 300 grams, apply 3 grams tid-qid to the area of refractory neuropathic pain component." (42B) MTUS has the following regarding topical creams: "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical analgesic section. The current request is not medically necessary.