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| Case Number: | CM15-0197109 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 01/13/2014 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 1-13-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy and lumbar disc degeneration. According to the progress report dated 9-8-2015, the injured worker presented with complaints of chronic low back pain. She reports that her pain level has been gradually worsening since the injection on 6-23-2015. On a subjective pain scale, she rates her pain fluctuates from 2 to 5 out of 10, but it now starting to remain closer to 5. The physical examination of the lumbar spine reveals tenderness to palpation over the lumbosacral junction, tenderness to palpation over the L4-5 facet joint bilaterally, decreased range of motion, intact sensation, and negative straight leg raise test bilaterally. The current medications are Gabapentin (since at least 3-31-2015), Acetaminophen PM, Fluoxetine, and Trazodone. Previous diagnostic studies include x-rays and MRI of the lumbar spine (2-27-2014). The treating physician described the MRI as "L4-5 right paracentral annular tear with mild broad-based disc protrusion, L5-S1 central disc extrusion into the epidural fat contacts but has no mechanical effect on neural structures, and a facet spur contacts the exiting left L4 nerve root in the foramina without effacement or impingement". Treatments to date include medication management, physical therapy, home exercise program, massage, acupuncture, and bilateral facet injections (good benefit). Work status is described as working. The original utilization review (9-18-2015) had non-certified a request for Gabapentin #60 and bilateral lumbar facet injection at L4-L5 with intravenous sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient injection: bilateral lumbar facet injection at L4-L5, fluoroscopic guidance, and intravenous sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Outpatient injection: bilateral lumbar facet injection at L4-L5, fluoroscopic guidance, and intravenous sedation, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has chronic low back pain. She reports that her pain level has been gradually worsening since the injection on 6-23-2015. On a subjective pain scale, she rates her pain fluctuates from 2 to 5 out of 10, but it now starting to remain closer to 5. The physical examination of the lumbar spine reveals tenderness to palpation over the lumbosacral junction, tenderness to palpation over the L4-5 facet joint bilaterally, decreased range of motion, intact sensation, and negative straight leg raise test bilaterally. The current medications are Gabapentin (since at least 3-31-2015), Acetaminophen PM, Fluoxetine, and Trazodone. Previous diagnostic studies include x-rays and MRI of the lumbar spine (2-27-2014). The treating physician described the MRI as "L4-5 right paracentral annular tear with mild broad-based disc protrusion, L5-S1 central disc extrusion into the epidural fat contacts but has no mechanical effect on neural structures, and a facet spur contacts the exiting left L4 nerve root in the foramina without effacement or impingement". Treatments to date include medication management, physical therapy, home exercise program, massage, acupuncture, and bilateral facet injections (good benefit). The treating physician has not documented the medical necessity for another facet block instead of proceeding to an RFA. The criteria noted above not having been met, Outpatient injection: bilateral lumbar facet injection at L4-L5, fluoroscopic guidance, and intravenous sedation is not medically necessary.

Pharmacy purchase: Gabapentin 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The requested Pharmacy purchase: Gabapentin 600 mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has chronic low back pain. She reports that her pain level has been gradually worsening since the injection on 6-23-2015. On a subjective pain scale, she rates her pain fluctuates from 2 to 5 out of 10, but it now starting to remain closer to 5. The physical examination of the lumbar spine reveals tenderness to palpation over the lumbosacral junction, tenderness to palpation over the L4-5 facet joint bilaterally, decreased range of motion, intact sensation, and negative straight leg raise test bilaterally. The current medications are Gabapentin (since at least 3-31-2015), Acetaminophen PM, Fluoxetine, and Trazodone. Previous diagnostic studies include x-rays and MRI of the lumbar spine (2-27-2014). The treating physician described the MRI as "L4-5 right paracentral annular tear with mild broad-based disc protrusion, L5-S1 central disc extrusion into the epidural fat contacts but has no mechanical effect on neural structures, and a facet spur contacts the exiting left L4 nerve root in the foramina without effacement or impingement". Treatments to date include medication management, physical therapy, home exercise program, massage, acupuncture, and bilateral facet injections (good benefit). The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Pharmacy purchase: Gabapentin 600 mg #60 not medically necessary.