

Case Number:	CM15-0199628		
Date Assigned:	10/14/2015	Date of Injury:	12/05/2011
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on December 5, 2011. He reported immediate pain after a fall. The injured worker was currently diagnosed as having lumbar radiculopathy, lumbar myofascial strain, lumbar facet arthropathy and chronic pain status post lumbar microdiscectomy. Treatment to date has included surgery, exercise, medications, diagnostic studies, acupuncture with significant relief, physical therapy with good relief, chiropractic treatment with good relief, massage therapy with good relief and epidural steroid injections with moderate relief. On September 9, 2015, the injured worker complained of cramping and spasms of both legs along with weakness and lack of stability in his right lower extremity. He also reported constant aching, stabbing and burning pain in his low back going down his bilateral lower extremities. There is radiating numbness and tingling in his bilateral lower extremities. He also reported numbness in his groin. His pain was rated as a 10 on a 1-10 pain scale at worst but as a 6 on the pain scale with medications. Gabapentin was noted to help decrease his leg pain. He was noted to be suffering from short-term memory loss as a side effect to medications. The treatment plan included Butrans patch, Gabapentin, Relafen, spinal cord stimulator trial, thoracic MRI, lumbar spine MRI, follow-up visit, psychiatric clearance and pre-op labs. On September 29, 2015, utilization review denied a request for Gabapentin 600mg #180, one spinal cord stimulator trial, MRI of the thoracic spine, MRI of the lumbar spine, one psychiatric clearance for permanent spinal cord stimulator and one pre-op labs for spinal cord stimulator trial. A request for Butrans patch 10mcg-hr #4 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180: Overturned

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

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The records fail to demonstrate any percentage of improvement, the patient is more comfortable with the gabapentin. I am reversing the previous UR decision. Gabapentin 600mg #180 is medically necessary.

One spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. There is no documentation of psychological screening. One spinal cord stimulator trial is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. There is no documentation of any of the above criteria supporting a recommendation of a thoracic MRI. MRI of the thoracic spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

One psychiatric clearance for permanent spinal cord stimulator: Overturned

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 - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. Psychological screening is required prior to spinal cord stimulator trial. I am reversing the previous UR decision. One psychiatric clearance for permanent spinal cord stimulator is medically necessary.

One pre-op labs for spinal cord simulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. Psychological screening is required prior to spinal cord stimulator trial. I am reversing the previous UR decision. One psychiatric clearance for permanent spinal cord stimulator is medically necessary.