

Case Number:	CM15-0202723		
Date Assigned:	10/19/2015	Date of Injury:	08/19/2008
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial-work injury on 8-19-08. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral intervertebral disc degeneration and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included pain medication, Norco, Lorazepam, Gabapentin (since at least 1-8-14 to 10-15-14), right side lumbar medial branch block 1-5-15, physical therapy (unknown amount), injections lumbar epidural steroid injection (ESI) 9-24-15, and other modalities. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10-8-13 reveals new right disc herniation with encroachment on the spinal canal and evidence of impingement on the nerve roots. There is Multi-level degenerative disc bulge without impingement. The X-Ray of the lumbar spine dated 10-8-13 reveals evidence of laminectomies and multi-level degenerative changes. The treating physician indicates that the urine drug test result dated 3-17-15 and 6-10-15 was consistent with the medication prescribed. Medical records dated 9-14-15 indicate that the injured worker complains of continued low back pain that radiates to the bilateral lower extremities (BLE) with tingling, burning, aching and pressure. She reports the pain is present 100 percent of the time. The pain is rated 5 out of 10 on the pain scale currently, average pain in the past week is rated 7 out of 10 on the pain scale and pain relief with medications or treatment over the past week is 50 percent. The medical records also indicate that she is able to walk 50-100 feet without needing to stop and need to bend forward slightly when sitting or standing which decreases the pain. Per the treating physician report dated 9-14-15, the injured worker has not returned to work and is disabled. The physical exam dated 9-14-15 reveals decreased lumbar

range of motion with increased pain and tenderness noted just below the belt line bilaterally and right gluteus muscle. The physician indicates the need for a new Magnetic Resonance Imaging (MRI) as symptoms have changed with now some bilateral leg involvement. She has had benefit from previous epidural steroid injection (ESI) and would benefit from repeat lumbar epidural steroid injection (ESI). She will be started on Gabapentin and the dose will be adjusted if well tolerated and helpful with neuritic pain. The request for authorization date was 9-18-15 and requested services included Magnetic resonance imaging (MRI) of the lumbar spine without contrast, Right transforaminal epidural steroid injection at L3-L4, and Gabapentin 300mg, 1-2 capsules by mouth nightly, #60 with 3 refills. The original Utilization review dated 9-25-15 non-certified the request for Magnetic resonance imaging (MRI) of the lumbar spine without contrast and Right transforaminal epidural steroid injection at L3-L4. The request for Gabapentin 300mg, 1-2 capsules by mouth nightly, #60 with 3 refills was modified to Gabapentin 300mg, 1-2 capsules by mouth nightly, #60 with 1 refill only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter - MRI's (magnetic resonance imaging).

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

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equina syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 9/14/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore, the request of the MRI of the lumbar spine is not medically necessary and is non-certified.

Right transforaminal epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case, the exam notes from 9/14/15 do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary and the determination is for non-certification.

Gabapentin 300mg, 1-2 capsules by mouth nightly, #60 with 3 refills: Upheld

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: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 9/14/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary, and determination is for non-certification. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.