

Case Number:	CM15-0206425		
Date Assigned:	10/23/2015	Date of Injury:	06/04/2014
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial-work injury on 6-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included pain medication Percocet, Sertraline, Gabapentin since at least 7-28-15, lumbar epidural steroid injection (ESI) L4-5 bilaterally 4-21-15, diagnostics, off work, activity modifications and other modalities. The physician indicates that Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-5-14 reveals advanced spondylosis, stenosis bilaterally with bulging and facet degenerative changes. Medical records dated (5-5-15 to 9-8-15) indicate that the injured worker complains of constant low back pain that radiates to the bilateral lower extremities (BLE) with numbness and muscle weakness. The pain is rated 8-9 out of 10 on the pain scale with medications and 9-10 out of 10 without medications. The injured worker received lumbar epidural steroid injection (ESI) L4-5 bilaterally on 4-21-15 and reported minimal 5-20 percent overall improvement. The physician indicates that she will be doing physical therapy and the injured worker reports that she is worried that she will not be able to participate fully in upcoming physical therapy due to pain. The medical records also indicate ongoing limitations with activities of daily living (ADL). Per the treating physician report dated 9-8-15 the injured worker has not returned to work. The physical exam dated 9-8-15 reveals lumbar spasm, tenderness to palpation, and decreased lumbar range of motion with increased pain in flexion and extension. There is decreased sensitivity to touch along L5-S1 dermatome in the bilateral lower extremities. There is decreased strength in the bilateral lower extremities

(BLE) and straight leg raise in seated position is positive bilaterally at 70 degrees. The request for authorization date was 9-16-15 and requested services included Bilateral L4-S1 lumbar epidural under fluoroscopy and Gabapentin 600 mg #60. The original Utilization review dated 9-22-15 non-certified the request for Bilateral L4-S1 lumbar epidural under fluoroscopy. The request for Gabapentin 600 mg #60 was modified to Gabapentin 600 mg for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 lumbar epidural under fluoroscopy: 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: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short-term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was record of the worker having received an epidural injection at the lower lumbar spinal area with only up to 20% improvement reported. Due to the limited results of the prior injection of this area (L4-S1) and no evidence to suggest repeat injection would lead to a different result, this request for repeat L4-S1 epidural injection is not medically necessary.

Gabapentin 600 mg #60: 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: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was a history of limited benefit with Lyrica use and more recently, the addition of gabapentin showed no reported change in pain level or functional gain with use at the currently recommended dosage. It is not clear if this report in the notes is incorrect, however, as it is documented as such, this request for continuation of gabapentin at the current dose is not medically necessary. Weaning may be indicated.