

Case Number:	CM15-0038761		
Date Assigned:	03/09/2015	Date of Injury:	01/13/2014
Decision Date:	04/16/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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 44 year old male, who sustained an industrial injury on 1/13/14 from a motor vehicle accident. The injured worker had a Computed Tomography (CT) scan of the head and X-rays of his back and was told that he had fractured vertebrae. The documentation noted that subsequent to his accident the injured worker reported experiencing depression, sleep loss, sexual dysfunction, stomach upset, constipation and urination difficulties. Currently, the injured worker complains of lumbar spine pain with numbness and tingling to the bilateral inner thighs with history of loss of control of bowels. The injured worker notes improvement in bowel movement control but also complains of neck pain radiating to the bilateral upper extremities and right foot and right knee pain. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain with four-millimeter disc protrusion at C3-C4 with moderate stenosis; four to five millimeter disc bulge at C6-C7 with right neuroforaminal stenosis; three to four millimeter disc bulge at C4 through C6 with bilateral moderate neuroforaminal narrowing, per Magnetic Resonance Imaging (MRI) scan dated June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with lumbar spine pain with numbness and tingling to the bilateral inner thighs with history of loss of bowel control. The current request is for 1 MRI of the lumbar spine. The patient had an MRI scan of the lumbar spine completed on 2/8/14, which revealed 2mm disc bulges from L4-S1. The treating physician states on 3/5/15 (B167) "The MRI scan of the lumbar spine is necessary as there is significant change in the patient's low back symptoms radiating to the bilateral lower extremities since his last MRI scan dated February 2014, with increased pain with numbness and tingling, which is not responding to the short course of physical therapy, and prescription medication including oral anti-inflammatory medication, in consideration for lumbar epidural steroid injection. The patient has ongoing low back symptoms greater than six months, as well as worsening and positive clinical findings." Straight leg raise test was positive. Active range of motion of the lumbar spine is decreased. ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician has documented a significant change in symptoms along with increased neurologic signs or symptoms. The current request is medically necessary and the recommendation is for authorization.

1 Prescription of Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient presents with lumbar spine pain with numbness and tingling to the bilateral inner thighs with history of loss of control of bowels. The current request is for 1 Prescription of Neurontin 600mg #90. Gabapentin (Neurontin, Gabarone, generic available) 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. The UR decision dated 2/21/15 modified the request from 1 prescription of Neurontin 600mg #90 to 1 prescription of Neurontin 600mg #45. The treating physician requests on 2/2/15 (B122) "Neurontin 1 PO TID #90 to tx of neuropathic pain due to nerve damage." MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case, the treating physician has documented radiculopathy. The current request is medically necessary and the recommendation is for authorization.

