

Case Number:	CM15-0062189		
Date Assigned:	04/08/2015	Date of Injury:	10/24/2005
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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 57 year old female, who sustained an industrial injury on 10/24/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbago, neck sprain/strain, left shoulder rotator cuff impingement syndrome and right shoulder surgery. Recent lumbar magnetic resonance imaging showed new lumbar 5-sacral 1 disc protrusion and multilevel degenerative disc disease and facet disease. Treatment to date has included surgery, physical therapy, psychiatric treatment, epidural steroid injection, injections and medication management. In a progress note dated 1/2/2015, the injured worker complains of low back pain that radiates to the groin, thighs and down both legs. The treating physician is requesting Gabapentin and 12 physical therapy visits for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 300mg #90, 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 low back pain that radiates to the groin, thighs and down both legs. 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, Gabapentin 300mg #90 is not medically necessary.

PT 2x6 treatments bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested PT 2x6 treatments bilateral shoulders, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has low back pain that radiates to the groin, thighs and down both legs. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions nor the medical necessity for a current trial of physical therapy in excess of six sessions and re evaluation of functional benefit. The criteria noted above not having been met, PT 2x6 treatments bilateral shoulders is not medically necessary.