

<b>Case Number:</b>	CM15-0088472		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 58 year old male who sustained an industrial injury on May 1, 2014. He has reported back pain and neuropathic left leg pain and has been diagnosed with acquired spondylolisthesis, neuropathic pain of the lower extremity, orthopedic aftercare, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, other acquired deformity of the back or spine-retrolisthesis, degeneration of lumbar or lumbosacral intervertebral disc, and other specified idiopathic peripheral neuropathy. Treatment has included surgery, medications, aqua therapy, and physical therapy. Lumbar spine showed range of motion was full in all directions. Pinprick sensory examination revealed 80% left L3 dermatome, 20-30% left L4 dermatome, 0% left L5 dermatome and 10% left S1 dermatome. The treatment request included a nerve root block and lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 and L5 transforaminal nerve root block under fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Epidural injections - diagnostic.

**Decision rationale:** MTUS Guidelines address the use of epidural injections for radiculopathy, but do not address the specific issue of a post laminectomy syndrome post multiple surgeries and eventual multilevel fusion with posterior instrumentation. Clinically there is diminished neurological function with diminished sensation. It is unclear if a post operative MRI would be very useful as there will be metal interference and post operative scarring. The Guidelines for a "diagnostic" would be more applicable here and a trial is consistent with Guidelines under these circumstances. The left L4 and L5 transforaminal nerve root block under fluoroscopy is medically necessary.

**Lyrica 150mg, 3 times a day, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19, 20.

**Decision rationale:** MTUS Guidelines support the use of Lyrica for neuropathic pain. The Guidelines also recommend a trial of increasing dosing if necessary. It is clearly documented that the Lyrica at 300mg. per day initially provided significant pain relief. A few months later it is documented that the 300mg. per day was no longer working well. The request for a trial of increased dosing to 450mg. Per day is supported by Guidelines, the Lyrica 150mg 3 times a day, #60 is medically necessary. If it is not effective at the higher dosing this can be re-reviewed again if it is not discontinued by the prescribing physician.