

Case Number:	CM14-0148446		
Date Assigned:	09/18/2014	Date of Injury:	03/13/1998
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68-year-old female who has submitted a claim for close fracture of the dorsal vertebra, chronic pain syndrome, and Degenerative Disc Disease (DDD) of the lumbar spine with radiculopathy associated with an industrial injury date of 3/13/1998. Medical records from 2/10/2014 up to 8/5/2014 were reviewed showing continued increasing neck and back pain 6-7/10 in severity, unchanged from previous visits. She said her activity level was severely limited because of her neck and back pain. She reported occasional radiation of pain, numbness, and tingling in the bilateral lower extremities that travels down to her feet. She noted that her legs were weak. She has been authorized for a kyphoplasty at T12. Physical examination revealed severely antalgic gait. She was using a wheelchair. There was tenderness over T12 and T7. Upper and lower extremity sensation were intact. Muscle strength of upper extremities were 4/5, psoas 4/5 bilaterally, 4/5 remainder of lower extremities. Patellar and Achilles reflexes are hyporeflexive bilaterally. Computerized tomography of thoracic spine taken on 7/29/2014 revealed compression deformity at T7, T8, T12 with adjacent DDD and mild to moderate canal stenosis at T7 and T8. Treatment to date has included Gabapentin 600mg, Norco, and TLSO brace. Utilization review from 9/11/2014 denied the request for Bilateral Thoracic Medial Branch Block at T6-7, T7-8 and modified the request for Gabapentin 600mg #30 to #15. Regarding the bilateral thoracic medial branch block, documentation provided did not reveal failed conservative treatment including physical therapy or home exercise. Regarding Gabapentin, there is a lack of response to treatment therefore, recommend weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Thoracic Medial Branch Block at T6-7, T7-8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient presents with radiculopathy as noted in her history. She reported occasional radiation of pain, numbness, and tingling in the bilateral lower extremities that travels down to her feet. She noted that her legs were weak. CT of thoracic spine taken on 7/29/2014 revealed compression deformity at T7, T8, T12 with adjacent DDD and mild to moderate canal stenosis at T7 and T8. In addition, there was no formal plan of rehabilitation if such request was recommended. Guideline criteria for MBB have not been met. Therefore the request for Bilateral Thoracic Medial Branch Block at T6-7, T7-8 is not medically necessary.

Gabapentin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: According to pages 16-19 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the patient has been taking this medication since 6/2014. Recent PR did not document reduction in neuropathic pain. She reported continued increasing neck and back pain 6-7/10 in severity, unchanged from previous visits. She said her activity level was severely limited because of her neck and back pain. There was inadequate control of pain. Therefore, the request for Gabapentin 600mg #30 is not medically necessary.

