

Case Number:	CM15-0004246		
Date Assigned:	02/03/2015	Date of Injury:	03/02/2012
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 51 a year old male, who sustained an industrial injury on 03/12/2012. On provider visit dated 11/06/2014 the injured worker has reported low back and right leg pain. On examination he was noted have tenderness and tightness across the lumbosacral area, right greater than left, a decreased range of motion was noted. The diagnoses have included lumbar degenerative disk disease with disk protrusion at L4-L5, lumbar radiculopathy down the right leg in setting of possible L5 nerve root impingement, lumbar facet osteoarthritis, and myofascial pain syndrome. Treatment to date has included medication. Treatment plan included lumbar epidural steroid injection at L4-5, and new Neurontin 300mg #90. On 12/23/2014 Utilization Review non-certified lumbar epidural steroid injection at L4-5, and Neurontin 300mg #90, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with right leg and low back pain rated 6-8/10 which radiates to the posterior thigh and calves. The request is for LUMBAR EPIDURAL STEROID INJECTION AT L4-L5. The RFA provided is dated 11/06/14. Per the progress report dated 11/06/14, MRI of the lumbar spine on 05/24/12 revealed minor bulging at L3-4, disk protrusion at L4-5 with 5mm right foraminal protrusion and annular tear potentially compromising the L5 nerve root. EMG study on 11/19/12 confirmed severe right L5 radiculopathy. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." - 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. In this case, radiculopathy was documented by physical examination and corroborated by imaging studies. The medical records provided did not show a prior lumbar ESI. The request for lumbar epidural injection appears compliant with the MTUS recommendations. Therefore, the request IS medically necessary.

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with right leg and low back pain rated 6-8/10 which radiates to the posterior thigh and calves. The request is for LUMBAR EPIDURAL STEROID INJECTION AT L4-L5. The RFA provided is dated 11/06/14. Per the progress report dated 11/06/14, MRI of the lumbar spine on 05/24/12 revealed minor bulging at L3-4, disk protrusion at L4-5 with 5mm right foraminal protrusion and annular tear potentially compromising the L5 nerve root. EMG study on 11/19/12 confirmed severe right L5 radiculopathy. MTUS has the following regarding Gabapentin on pg 18, 19: "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 prescription for Neurontin was first mentioned in the progress report dated 11/06/14. It appears this patient is starting use of Neurontin with this prescription. Prior reports do not show that Neurontin is prescribed. In this case, the patient presents with confirmed neuropathic pain. Therefore, the request IS medically necessary.

