

Case Number:	CM15-0118624		
Date Assigned:	06/26/2015	Date of Injury:	04/17/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 40-year-old male sustained an industrial injury on 4/17/14. He subsequently reported back pain. Diagnoses include lumbar degenerative disc disease, lumbar spondylosis without myelopathy, lumbago and thoracic sprain/ strain. Treatments to date include CT, MRI and x-ray testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience mid and low back pain and left hip pain. Upon examination, there was tenderness to palpation along right-sided mid-thoracic paraspinal and left-sided mid-to lower lumbar paraspinal muscles. Active lumbar flexion is limited to. Straight leg raise, FABER and FAIR tests are negative bilaterally. A request for Left sided L5, S1 TESI x 1 (second injection) and CM1 Gabapentin 10% was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5, S1 TESI x 1 (second injection): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The medical record lacks sufficient documentation of radicular symptoms or significant functional improvement because of the first injection. Left sided L5, S1 TESI x 1 (second injection) is not medically necessary.

CM1 Gabapentin 10%: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. CM1 Gabapentin 10% is not medically necessary.