

Case Number:	CM15-0145500		
Date Assigned:	09/02/2015	Date of Injury:	10/19/2007
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male, who sustained an industrial injury on 10-19-2007. He reported low back pain from lifting activity. Diagnoses include lumbar disc protrusion, status post multiple lumbar surgeries. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractor therapy. Currently, he complained of ongoing low back pain. On 6-25-15, the physical examination documented mechanical back pain with radiculopathy. The plan of care included a request to authorize lumbar epidural steroid injection two levels at L3-L4 with dexamethasone, pulse oximetry, and surgical tray, and a prescription for Neurontin 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI 2 level L3/4 with dexamethasone pulse oximetry and surgical tray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in October 2007 and is being treated for low back pain with numbness and paresthesias affecting the right lower extremity. He underwent a lumbar fusion in 2009. Electrodiagnostic testing in January 2014 showed findings of a chronic right S1 radiculopathy. An MRI of the lumbar spine in April 2015 included findings of multilevel mild to moderate bilateral foraminal stenosis. When seen, he was having recurrent back pain. Objective findings were unchanged. A prior examination documents decreased ankle reflexes with positive straight leg raising and right lower extremity sensory changes at S1. At that time he was having back pain without any significant radiating symptoms. Authorization for bilateral transforaminal lumbar epidural injections was requested. Criteria for the use of epidural steroid injections include the presence of radicular pain, defined as pain in dermatomal distribution, and that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no radicular pain complaints. A two level procedure is being requested at L3/4, which would presumably be a bilateral procedure at that level, and physical examination findings document only right lower extremity sensory changes. The requested epidural steroid injection was not medically necessary.

Neurontin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in October 2007 and is being treated for low back pain with numbness and paresthesias affecting the right lower extremity. He underwent a lumbar fusion in 2009. Electrodiagnostic testing in January 2014 showed findings of a chronic right S1 radiculopathy. An MRI of the lumbar spine in April 2015 included findings of multilevel mild to moderate bilateral foraminal stenosis. When seen, he was having recurrent back pain. Objective findings were unchanged. A prior examination documents decreased ankle reflexes with positive straight leg raising and right lower extremity sensory changes at S1. At that time, he was having back pain without any significant radiating symptoms. Authorization for bilateral transforaminal lumbar epidural injections was requested. Neurontin was refilled at a dose of 300 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and without evidence of planned titration. Ongoing prescribing at this dose is not medically necessary.