

Case Number:	CM15-0174814		
Date Assigned:	09/16/2015	Date of Injury:	09/17/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 injured worker is a 40 year old male who reported an industrial injury on 9-17-2013. His diagnoses, and or impression, were noted to include: right lumbar radiculitis and spondylosis; lumbar facet arthropathy. No current imaging studies were noted. His treatments were noted to include: supplemental panel qualified medical examination report (3-26-2015 & 7-23-2015); magnetic resonance imaging studies lumbar spine (12-2013); electrodiagnostic studies (9-2014); lumbosacral epidural steroid injection therapy; 12 sessions of acupuncture treatments - effective; a home exercise program; medication management; and modified work duties before losing employment. The progress notes of 7-8-2015 reported: that his pain was better, intermittent and at a 5 out of 10, brought on by heavy lifting and sudden twisting movement, and made better with acupuncture, exercise, rest and medication; that he was currently on Gabapentin 600 mg in the morning and 1200 mg at night which caused dizziness in the morning, as well as being on Duloxetine and Voltaren Gel. Objective findings were noted to include: mild tenderness in the lumbar para-spinal; positive lumbar facet stress test which caused increased pain; decreased deep tendon reflexes in the bilateral patella and Achilles; and that the injured worker had difficulty with taking the Gabapentin 1200 mg at night. The physician's requests for treatments were noted to include changing the dose of Gabapentin from 1200 mg at night, to 600 mg in the morning and 300 mg in the middle of the day, and another at night. The 3-20-2015 periodic report note changes in medications, increasing Gabapentin to 1500 mg at night; another change in Gabapentin was noted on the progress notes of 4-17-2015 - to 600 mg in the morning and 1200mg at night; and another change in Gabapentin to 1800 mg on the 5-27-2015 periodic report. The Request for Authorization, dated 8-5-2015, included Gabapentin 600 mg #60 with 2 refills, and Gabapentin 300 mg #60 with 2 refills. The Utilization Review of 8-21-2014 non-certified magnetic resonance imaging of the lumbar spine, bilateral lumbar medial branch blocks, Gabapentin 600 mg with 2 refills, and Gabapentin 300 mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Although ACOEM supports MRI for signs of neurologic change, this patient had a lumbar MRI in 2013 that showed disk protrusions. The records do not document interval worsening or a plan for surgery. MRI repeat is not indicated. The request is not medically necessary.

Lumbar Medial Branch Block bilateral L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM page 300: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The ACOEM guidelines do not support root blocks, noting that these are of "questionable value". Therefore, this request is not medically necessary.

Gabapentin 600mg quantity 60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Per MTUS, page 19:Gabapentin is recommended for "Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007)" The patient has responded well to gabapentin, and dose optimization is medically necessary.

Gabapentin 300mg quantity 60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Per MTUS, page 19:Gabapentin is recommended for "Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007)" The patient has responded well to gabapentin, and dose optimization is medically necessary.