

Case Number:	CM15-0068448		
Date Assigned:	04/16/2015	Date of Injury:	09/03/2004
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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 a 34-year-old male, with a reported date of injury of 09/03/2004. The diagnoses include lumbar radiculopathy, chronic low back pain, L5-S1 disc herniation, and radiculitis of the left lower extremity and S1 nerve distribution. Treatments to date have included physical therapy, oral medication, and an MRI of the lumbar spine. The follow-up evaluation dated 02/17/2015 indicates that the injured worker had lumbar radicular pain and lumbar radiculopathy. His current pain rating was 3 out of 10. His last pain score was 7 out of 10. The physical examination showed decreased lumbar range of motion, tenderness to palpation along the L5-S1 with radiation down the left leg, non-tender to palpation along the paraspinal musculature in the lumbar region, and positive left straight leg raise test. The treating physician requested an interlaminar epidural steroid injection at L5-S1 for pain intervention, gabapentin 300mg #60 with one refill, and physical therapy. It is noted that the injured worker was doing physical therapy with significant improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 34 year old patient presents with lumbar radicular pain and lumbar radiculopathy, rated at 3/10, as per progress report dated 02/17/15. The request is for GABAPENTIN 300 mg # 60 WITH ONE REFILL. The RFA for the case is dated 03/10/15, and the patient's date of injury is 09/03/04. Diagnoses, as per progress report dated 12/30/14, included acute on chronic low back pain, L5-S1 disc herniation, and left lower extremity radiculitis in the S1 nerve distribution. Medications, as per progress report dated 02/17/15, included Diclofenac and Omeprazole. The patient is working full duty with pain, as per progress report dated 12/30/14. 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 posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is noted in progress report dated 02/17/15 and 01/06/15. In the report dated 01/06/15, the treating physician states that the patient has used Gabapentin in the past with "some help." The reports, however, do not document an objective reduction in pain or improvement in function. Additionally, there is no diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS NOT medically necessary.

Physical therapy; amount and frequency/duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 34 year old patient presents with lumbar radicular pain and lumbar radiculopathy, rated at 3/10, as per progress report dated 02/17/15. The request is for PHYSICAL THERAPY AMOUNT AND FREQUENCY/DURATION NOT SPECIFIED. The RFA for the case is dated 03/10/15, and the patient's date of injury is 09/03/04. Diagnoses, as per progress report dated 12/30/14, included acute on chronic low back pain, L5-S1 disc herniation, and left lower extremity radiculitis in the S1 nerve distribution. Medications, as per progress report dated 02/17/15, included Diclofenac and Omeprazole. The patient is working full duty with pain, as per progress report dated 12/30/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has received PT in the past. In progress report dated 02/17/15, the treating physician states that "pain is made better with physical therapy." The reports, however, do not document the number of sessions completed in the past. Furthermore, the request does not include amount and frequency/duration for additional therapy. The reports lack the documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.

Lumbar epidural steroid injection L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The 34 year old patient presents with lumbar radicular pain and lumbar radiculopathy, rated at 3/10, as per progress report dated 02/17/15. The request is for LUMBAR EPIDURAL STEORID INJECTION L5-S1. The RFA for the case is dated 03/10/15, and the patient's date of injury is 09/03/04. Diagnoses, as per progress report dated 12/30/14, included acute on chronic low back pain, L5-S1 disc herniation, and left lower extremity radiculitis in the S1 nerve distribution. Medications, as per progress report dated 02/17/15, included Diclofenac and Omeprazole. The patient is working full duty with pain, as per progress report dated 12/30/14. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."; and 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, the patient has not had epidurals in the past, as per progress report dated 01/06/15. As per progress report dated 02/17/15, the patient has been diagnosed with lumbar radicular pain and lumbar radiculopathy. Physical examination reveals a positive straight leg raise on the left along with decreased sensation to pinprick on the left in the L5 and S1 distribution. MRI of the lumbar spine, dated 12/16/14, shows L5-S1 disc bulge effacing the left, moderately contacting the S1 nerve root. Given the radicular pain and corroborating diagnostic evidence, the request for ESI IS medically necessary.