

Case Number:	CM13-0032002		
Date Assigned:	12/04/2013	Date of Injury:	05/03/2002
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services.

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 patient is a 60-year-old female who reported an injury on 05/03/2002. The mechanism of injury was not provided for review. The patient developed chronic low back pain radiating into the bilateral lower extremities and neck pain radiating into the bilateral upper extremities. The patient underwent an MRI that revealed a disc bulge at the L3-4 level with moderate bilateral lateral recess compromise. It is also noted that the patient had evidence of an anterior interbody fusion and posterior element fusion at the L4-5 and L5-S1. The patient's chronic pain was managed with medications and an epidural steroid injection. The patient's most recent physical exam findings included the patient had 2/10 pain with medications, tenderness to palpation over the spinal vertebral process at L4 through S1 levels, and lumbar myofascial tenderness at the paraspinous muscle spasms. The patient's diagnoses included lumbar radiculopathy, lumbar facet arthropathy, lumbar failed surgery syndrome, osteoarthritis, right knee pain, chronic pain, medication related dyspepsia, and insomnia secondary to chronic pain. The patient's treatment plan included medications and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) caudal epidural steroid injection using fluoroscopy on the right at L3-L4: Upheld

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

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

Decision rationale: The clinical documentation submitted for review provides evidence that the patient has lumbar spine pain radiating into the bilateral lower extremities. The clinical documentation submitted for review also provides evidence that the patient previously received an epidural steroid injection at this level that provided 50% to 80% overall pain relief for approximately 3 months, resulting in increased functional benefit. The Chronic Pain Guidelines recommend repeat epidural steroid injections if there is at least 50% pain relief documented with a decrease in medication use for approximately 6 to 8 weeks. The clinical documentation submitted for review does not provide evidence of a reduction in pain medication. Additionally, the most recent clinical documentation submitted for review does not provide any evidence of radicular pain that would benefit from an epidural steroid injection.

One (1) prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The clinical documentation submitted for review does indicate that the patient is diagnosed with dyspepsia due to chronic medication usage. The Chronic Pain Guidelines recommend a gastrointestinal protectant when the patient is at risk for gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms related to gastrointestinal issues that would support the need for this medication. Additionally, there was no documentation of increased functional benefit as it is related to this medication. Additionally, the most recent clinical documentation submitted for review indicates that this medication is being discontinued.