

<b>Case Number:</b>	CM14-0107890		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female injured on 11/15/12 when she was struck by a door, hitting the left side of her body including the left shoulder, arm, and hand. The injured worker developed tenderness in the low back following the initial injury. X-rays of the left shoulder, left ribcage, and lumbar spine were normal on initial evaluation. EMG of bilateral lower extremities was found to be normal on 05/14/13. MRI of the lumbar spine on 04/12/13 revealed focal posterior annular fissuring at L4-5, partial disc desiccation at L4-5 and L5-S1, and mild spondylosis at L2-3. Official radiological report was not provided for review for either study. Diagnoses included left S1 radiculopathy, left hip contusion, left shoulder contusion, L4-S1 degenerative disc disease with annular tear at L4-5, left wrist strain, and cervical radiculopathy. Clinical note dated 06/27/14, indicated the injured worker presented complaining of left shoulder pain, left wrist pain, low back pain radiating to the left lower extremity with associated numbness, abdominal pain, and difficulty sleeping. The injured worker rated pain 6/10. Physical examination revealed normal gait, no evidence of weakness, tenderness to palpation of paravertebral muscles bilaterally, decreased sensation in the left S1 dermatome, decreased range of motion of lumbar spine, low strength 5/5 to bilateral lower extremities, and straight leg raise positive on left lower extremity. Medications included Anaprox DS, Protonix DR, Ultram, Lyrica, Restoril, Cetirizine, and Venlafaxine. Treatment plan included left L5-S1 transforaminal epidural steroid injection, refill of medications, and urine toxicology screening. The initial request for left L5-S1 transforaminal epidural steroid injection and Protonix 20mg #60 was non-certified on 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 transforaminal epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. As such, the request for Left L5-S1 transforaminal epidural injection is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 05/15/2014, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines (ODG) - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged non-steroidal anti-inflammatory drugs (NSAIDs) and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, the injured worker complained of abdominal pain. As such, the request for Protonix 20mg #60 is recommended as not medically necessary.