MAXIMUS Federal Services

| Case Number: | CM14-0122047 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 01/15/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/03/2014 |

## 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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 51-year-old female who reported an injury on 01/15/2010 due to cumulative trauma. On 07/01/2014, the injured worker presented with pain and spasms. The diagnoses were cervical disc with radiculitis, neck pain, shoulder pain, hand pain, and carpal tunnel syndrome. Upon examination of the cervical spine, the range of motion was limited in all planes due to pain. There was 5/5 motor strength and normal sensation to pinprick in all dermatomes bilaterally with tenderness over the C6 dermatome. There were +1 deep tendon reflexes and a positive Spurling's to the left side. An EMG performed on 10/14/2011 revealed left sided carpal tunnel syndrome. An MRI of the cervical spine dated 12/15/2010 revealed disc protrusions at C3-4, C4-5, and C5-6, cord abutment of lateral recess, left greater than right, and neural foraminal compression. Prior therapy included medications. The provider recommended cervical epidural steroid injection from C7-T1 and Omeprazole 20 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection C7-T1 X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46..

**Decision rationale:** The request for Cervical epidural steroid injection C7-T1 X 1 is not medically necessary. According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had limited cervical range of motion, 5/5 strength, and normal sensation to pinprick in all dermatomes except for the left C6. There was a positive left sided Spurling's and +1 deep tendon reflexes. Documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Additionally, lack of documentation of radicular findings from the C7-T1 dermatomes. Physical exam findings do not clearly corroborate radiculopathy with diagnostic testing or imaging studies. There is lack of documentation that the injured worker failed initially recommended conservative treatment to include medications and physical medicine. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.

**Omeprazole 20mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 69..

**Decision rationale:** The request for Omeprazole 20mg # 60 is not medically necessary. According to California MTUS Guidelines, Omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker is at moderate to high risk for gastrointestinal events and to have a diagnosis congruent with the guideline recommendation for Omeprazole. As such, the request is not medically necessary.