

<b>Case Number:</b>	CM14-0156072		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 58-year-old female with a date of injury of 06/19/2009. The listed diagnoses per [REDACTED] are: 1. Sprain/strain, lumbar. 2. HNP, L-spine, probable. 3. R/O radiculopathy, LE. 4. LE weakness. According to progress report, 08/15/2014, the patient complains of low back pain and bilateral leg pain. Objective finding notes, "Please see attached thoracic spine, lumbar, and lower extremity progress exam sheet." This progress exam sheet was not provided in the medical file. Report from 07/10/2014 by [REDACTED] indicates the patient has constant low back pain that radiates to the legs with associated symptoms of numbness, tingling, and weakness. Electrodiagnostic medicine impression noted normal EMG studies of the lower extremity and abnormal NCV study of the lower extremity revealing electrophysiological evidence of peripheral neuropathy of the right tibial motor nerve. MRI of the lumbar spine from 06/24/2014 revealed type 2 Modic degenerative endplate marrow changes at L5 to S1, grade 1 anterolisthesis of L4 on L5, degenerative discogenic spondylosis primarily at L1 to L2 and L4 to L5. L5 to S1 revealed mild neuroforaminal and lateral recess narrowing with 2.7 mm disk measurements. This is a request for refill of Prilosec and lumbar epidural steroid injection to the left L5 to S1. Utilization review denied the request on 09/03/2014. Treatment reports from 06/09/2014 through 08/15/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** This patient presents with continued low back pain with bilateral leg pain. Treater is requesting refill of Prilosec 20 mg. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed NSAID concurrently with Prilosec since at least 06/09/2014, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Prilosec is not medically necessary.

**Lumbar Spine Epidural Injection (L) L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections under the chronic pain section Page(s): 46 to 47.

**Decision rationale:** This patient presents with continued low back pain and bilateral leg pain. Treater is requesting lumbar spine epidural steroid injection, left L5 to S1. Utilization review denied the request stating that there are no MRI findings discussed and physical exam findings are minimal to support this procedure. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section pages 46 to 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." It does not appear that this patient has trialed epidural steroid injections. In this case, MRI findings do not corroborate the patient's bilateral lower extremity symptoms. The MRI revealed mild neuroforaminal and lateral recess narrowing with effacement of the perineural fat of the exiting and descending nerve roots, and 2.7 disk measurements at the L5-S1 level. The findings at L5-S1 are described as mild and unlikely explains the patient's bilateral leg symptoms. Furthermore, the treater is requesting a left L5 to S1 injection, which does not associate with the patient's bilateral leg pain. MTUS recommends ESI for patient with radiculopathy that is corroborated by MRI findings. EMG was negative for any radiculopathy as well. The request for Lumbar Spine Epidural Injection (L) L5-S1 is not medically necessary.