

Case Number:	CM14-0179544		
Date Assigned:	11/04/2014	Date of Injury:	12/22/2011
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 43-year-old male with a 12/22/11 date of injury. At the time (9/25/14) of request for authorization for trial of cervical epidural right C4-C5 and Prilosec 20 mg # 90 (dispensed), there is documentation of subjective (neck pain radiating to right shoulder and proximal right upper arm) and objective (tenderness over the right cervical paraspinals with spasm in the upper trapezius, axial compression with numbness radiating to the outside of the right shoulder and upper right arm, pain on range of motion) findings, imaging findings (reported MRI of the cervical spine (6/12/13) revealed small disk protrusions at C3-C4 and C4-C5; report not available for review), current diagnoses (neck and right upper extremity pain, and gastroesophageal reflux disease), and treatment to date (medications (including ongoing treatment with Prilosec and Ultracet) and physical therapy). Medical report identifies that the patient has gastroesophageal reflux disease and has stomach upset with medication. Regarding trial of cervical epidural right C4-C5, there is no documentation of imaging report findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of cervical epidural right C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of neck and right upper extremity pain, and gastroesophageal reflux disease. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, given documentation of subjective (neck pain radiating to right shoulder and proximal right upper arm) and objective (axial compression with numbness radiating to the outside of the right shoulder and upper right arm) findings, there is documentation of subjective and objective radicular findings in the requested nerve root distribution (C5). However, despite documentation of the medical reports' reported imaging findings (small disk protrusions at C3-C4 and C4-C5), there is no documentation of an imaging report (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for trial of cervical epidural right C4-C5 is not medically necessary.

Prilosec 20 mg # 90 (dispensed): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG

identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of neck and right upper extremity pain, and gastroesophageal reflux disease. In addition, given documentation that the patient has gastroesophageal reflux disease and has stomach upset with medication, there is documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg # 90 (dispensed) is medically necessary.