MAXIMUS Federal Services

Case Number:	CM14-0047473		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2003
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 Texas and Ohio. 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 58-year-old female with a reported date of injury on 06/26/2003. The mechanism of injury reportedly occurred when the injured worker was forcing an inmate to the wall and had an onset of lower back pain. Her diagnoses were noted to include lumbar disc syndrome without myelopathy, lumbosacral subluxation, muscle spasms, cervical or lumbar kyphosis, and degeneration of lumbar or lumbosacral intervertebral discs. Her previous treatments were noted to include physical therapy, chiropractic care, and medications. The provider reported an unofficial MRI performed on 04/02/2013 revealed at L5-S1, the degenerative changes were said to result in bilateral foraminal stenosis, mild to moderate on the right and moderate on the left. Foraminal stenosis was predominantly due to disc space narrowing, more pronounced at this level than others, and mild facet hypertrophic change. The progress note dated 03/13/2014 revealed the injured worker continued to have pain and discomfort in the lower back characterized as 3/10 to 4/10 in intensity with rest, increasing to 5/10 to 6/10 with activities of daily living. The injured worker revealed she had significant numbness and tingling, going from the right gluteal region down the posterior right thigh, lateral calf and plantar lateral aspect of the right foot. The physical examination revealed the lumbar spine range of motion was limited by pain. The provider indicated there was decreased sensation along the lateral right calf and foot. The progress note dated 04/30/2014 revealed the injured worker complained of lumbar spine pain described as aching in her lower back at a level of 4/10 to 5/10. The injured worker also reported a Charlie horse sensation in her thighs, more often on the right than the left, described as burning, tingling tenderness. The physical examination of the lumbar spine revealed reflex spasm, tenderness to palpation of the paraspinal muscles more severe on the right than the left. The straight leg raising was noted to be negative and the range of motion was diminished. The provider indicated the injured worker's sensation was intact.

The Request for Authorization form dated 01/14/2014 was for Prilosec 20 mg #60 one twice a day; however, the provider's rationale was not submitted within the medical records. The Request for Authorization form was not submitted within the records for a lumbar epidural steroid injection L4-5 and L5-S1 by the pain management provider, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #720: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since 01/2014. The California Chronic Pain Medical Treatment Guidelines state the clinician is to determine if the patient is at risk for gastrointestinal events such as age over 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs). There is a lack of documentation regarding the medical necessity or the efficacy of this medication to warrant Prilosec. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Prilosec 20mg #720 is not medically necessary and appropriate.

Lumbar epidural steroid injection at L4-5 and L5-S1 by pain management provider: Upheld

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

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

Decision rationale: The injured worker complained of numbness and tingling from the right gluteal region down to the posterior right leg, lateral calf, and plantar lateral aspect of the right foot. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroid Anti-Inflammatory Drugs (NSAIDs), and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections

should be performed. A second block is not recommended if there is inadequate response to the first block and diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 18 weeks, with a general recommendation of no more than 4 blocks per region, per year. The progress note dated 04/30/2014 indicated a negative straight leg raise, full motor strength, diminished sensation to the lateral aspect of the right foot/calf, and decreased reflexes to the right ankle. There is a lack of documentation regarding tenderness to specific dermatomal distribution and a lack of clinical finding with significant neurological deficits such as decreased motor strength or sensation in a specific dermotomal distribution. Additionally, the request failed to specify fluoroscopy for guidance. Therefore, the request of lumbar epidural steroid injection at L4-5 and L5-S1 by pain management provider is not medically necessary and appropriate.