MAXIMUS Federal Services

Case Number:	CM14-0189915		
Date Assigned:	12/16/2014	Date of Injury:	07/13/2012
Decision Date:	01/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 28-year-old gentleman with a date of injury of 07/13/2012. A treating physician note dated 09/15/2014 identified the mechanism of injury as a physical assault. This note and treating physician notes dated 10/13/2014 and 11/06/2014 indicated the worker was experiencing lower back and neck pain, right hip and groin pain, and an "upset stomach" while taking a non-steroidal anti-inflammatory pain medication. Documented examinations described positive testing involving each straightened leg; decreased sensation in the legs from the hips to the inner ankles; tenderness in the upper back, lower back, and where the lower back and pelvis meet; positive right FADIR and translation testing; and positive facet loading testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from neck and lower back pain, bulging upper back disk(s), lumbar facet dysfunction, and gastritis. Treatment recommendations included continued oral pain medications, a lumbar facet block, an on-going home exercise program, and follow up care. A Utilization Review decision was rendered on 10/15/2014 recommending non-certification for a right lumbar facet medial branch block with fluoroscopy at the L3, L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet medial branch block at L3, L4 and L5 levels with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-181, 300-307.

Decision rationale: The MTUS Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering from neck and lower back pain, bulging upper back disk(s), lumbar facet dysfunction, and gastritis. There was no discussion that sufficiently detailed extenuating circumstances that would support this treatment in this setting. In the absence of such evidence, the current request for a right lumbar facet medial branch block with fluoroscopy at the L3, L4 and L5 levels with fluoroscopy is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor (PPI) class. The MTUS Guidelines support the use of Omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed records indicated the worker was experiencing lower back and neck pain, right hip and groin pain, and an "upset stomach" while taking a non-steroidal anti-inflammatory (NSAID) pain medication. The treatment recommendations included continuing the NSAID despite the stomach discomfort. There was no discussion detailing an individualized risk assessment or describing a failed attempt to stop the NSAID medication. In the absence of such evidence, the current request for thirty tablets of omeprazole 20mg is not medically necessary.