

<b>Case Number:</b>	CM15-0004031		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/10/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old female who reported injury on 05/10/2006. The mechanism of injury was a motor vehicle accident. Diagnostic studies were noted to include an MRI of the lumbar spine. The surgical history included epidural steroid injections x2. The injured worker was utilizing omeprazole as of at least 09/15/2014. Prior therapies were not provided. The MRI of the lumbar spine dated 01/07/2013 revealed at L4-5, there was mild left sided neural foraminal stenosis. There was no significant spinal canal stenosis in the lumbar spine, or focal disc protrusion or extrusion. There was evidence of a transitional vertebral anatomy that was designated a left hemisacralization of L5. At L4-5, there was mild bilateral facet arthropathy and ligamentum flavum redundancy, and a mild 1 to 2 mm grade 1 anterolisthesis with uncovering of a 2 mm diffuse disc bulge with a slightly asymmetric left foraminal component resulting in a mild left neural foraminal stenosis. There was no significant right sided neural foraminal stenosis or spinal canal stenosis. The Request for Authorization submitted for review was dated 12/11/2014. The documentation of 12/08/2014 revealed the injured worker has low back pain radiating down to the right lower extremity. The pain was aggravated by activity and walking. The injured worker complained of occasional muscle spasms in the low back. The injured worker reports GERD related medications with associated gastrointestinal upset. The documentation indicated the injured worker had a lumbar epidural steroid injection at L4-5 on 09/02/2014, and the injured worker had 50% to 80% overall improvement. The injured worker reported notable functional improvement, including the ability to attend church, bathe, cleaning, climbing stairs, combing/washing hair, clicking, doing hobbies, dressing, driving, mood, sexual

relations, shopping, sitting, sleeping, standing, washing dishes, and decrease in pain medication requirements. The duration of improvement was 3 months. Physical examination revealed there is tenderness to palpation in the spinal vertebral areas at L5-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory examination revealed decreased sensitivity to touch along the L4 and L5 dermatome in the bilateral lower extremities. The straight leg raise for the injured worker in the seated position was positive on the left for radicular pain. The diagnoses included lumbar disc displacement, lumbar radiculopathy, osteoarthritis of the left knee, and gastroesophageal reflux disorder with medication related dyspepsia. Physical examination of the lower extremity revealed tenderness to palpation in the left knee. Treatment plan included a bilateral L4-5 lumbar epidural steroid injection utilizing fluoroscopy. The injured worker was noted to undergo a lumbar epidural steroid injection and was seen for re-evaluation. The injured worker had a positive response. Additionally, the request was made for left knee injection, Synvisc x1. The medication omeprazole was additionally requested. The injured worker's current medications included Norco 10/325 one tablet 3 times a day, omeprazole DR 20 mg one 3 times a day, and tizanidine hydrochloride 1 tablet at bedtime for muscle spasms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Interlaminar Epidural steroid injections (ESIs) at L4-5 under Fluoroscopy:**

Overtured

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review indicated the injured worker met the above criteria. The duration of relief was 50% to 80% for 3 months, and the injured worker had objective functional improvement which would support the appropriateness of the injection. Given the above, the request for right interlaminar epidural steroid injections (ESIs) at L4-5 under fluoroscopy is certified.

#### **Left Interlaminar Epidural steroid injections (ESIs) at L4-5 under Fluoroscopy:** Overtured

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review indicated the injured worker met the above criteria. The duration of relief was 50% to 80% for 3 months, and the injured worker had objective functional improvement which would support the appropriateness of the injection. Given the above, the request for left interlaminar epidural steroid injections (ESIs) at L4-5 under fluoroscopy is certified.

**Synvisc injection to left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Hyaluronic acid and viscosupplementation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid injection

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections for injured workers experiencing significantly symptomatic osteoarthritis who have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments after 3 months. There should be documentation of symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of active morning stiffness, and no palpable warmth of synovium; and the injured worker should be over 50 years of age. There should be documentation that pain interferes with functional activities, and is not attributed to other forms of joint disease. There should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. There should be documentation the injured worker is not currently a candidate for a total knee replacement or that the injured worker had a failed previous knee surgery for arthritis. The clinical documentation submitted for review failed to provide documentation of a failure of pharmacologic and nonpharmacologic treatments, and documentation of pain interfering with functional activities and documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. There was a lack of documentation indicating the injured worker was not currently a candidate for a total knee replacement, or that the injured worker had failed a previous knee surgery for their arthritis. The documentation indicated the injured worker was status post left knee surgery; however, the specific knee surgery was not provided, nor was the diagnostic studies to support the diagnosis of osteoarthritis of the left knee. Given the above and lack of documentation, the request for Synvisc injection to the left knee is not medically necessary.

**Omeprazole DR 20mg QTY: 30:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. However, there was a lack of documentation of efficacy that was received from the PPI. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole DR 20 mg #30 is not medically necessary.