

Case Number:	CM15-0144220		
Date Assigned:	08/05/2015	Date of Injury:	10/22/2014
Decision Date:	09/29/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 46 year old male, who sustained an industrial injury, October 22, 2014. The injured worker previously received the following treatments 6 acupuncture treatments and 8 physical therapy sessions. The injured worker was diagnosed with lumbar spine strain and sprain with radicular complaints and the MRI showed evidence of multilevel disc bulges and face hypertrophy at L3-L4 and L4-L5 and status post umbilical hernia repair. According to progress note of June 25, 2015, the injured worker's chief complaint was intermittent moderate low back pain with radiation to both legs. The physical exam noted increased tone and tenderness about the paralumbar musculature with tenderness midline thoracic-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms. He is reported to have symptoms of gastritis. The straight leg raises were positive at 40 degrees bilaterally. The treatment plan included a lumbar epidural injection at L5-S1 levels, additional 8 acupuncture sessions and prescriptions for Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines are very specific with the recommended criteria to justify epidural injections. These criteria include the presence of a well defined dermatomal radiculopathy that corresponds with test results (MRI or Electrodiagnostics). Neither of these criteria has been met. There is no dermatomal neurological dysfunction that corresponds with any of the reported MRI findings. Under these circumstances the requested lumbar epidural steroid injection at the L5-S1 level is not supported by Guidelines. The epidural is not medically necessary.

8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines recommend up to 6 sessions of acupuncture as adequate for painful conditions. If there is significant, functional benefits additional sessions may be reasonable, but optional per Guideline standards. This individual has had a previous 8 sessions of acupuncture without significant or lasting benefits. The request for an additional 8 sessions is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for 8 acupuncture sessions is not medically necessary.

Naproxen 550 mg #60 (Rx given): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67, 68.

Decision rationale: MTUS Guidelines do not support the chronic daily use of NSAID medication for chronic spinal pain. If there are beneficial short-term use for distinct flare-ups are recommended. However, there is no documented evidence that they continue to be beneficial on a long-term daily basis and there is documentation that this individual has developed gastritis symptoms. Under these circumstances, at least a break from NSAIDs is warranted to evaluate for changes in pain and gastric symptoms. The request for Naproxen 550 mg #60 (Rx given) is not supported by Guidelines and is not medically necessary.

Omeprazole 20 mg #60 (Rx given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI distress Page(s): 68.

Decision rationale: The use of proton pump inhibitors (PPI) is recommended if there are GI symptoms associated with NSAID use. This assumes that the NSAID use is beneficial and essential to the treatment of pain and quality of life. The more recent documentation states that there are gastritis symptoms and use of a PPI at the usual and customary dose is recommended. (Omeprazole 20 mg. per day), This class of drugs is not benign on a long term basis with use associated with increased fractures, biological mineral dysregulation and a possible increased risk of cardiovascular disease. Under these circumstances, the double dosing (20 mg twice a day) is not supported by Guidelines and no rationale is given to support twice the usual dose. The Omeprazole 20mg. #60 is not medically necessary.