

Case Number:	CM15-0196512		
Date Assigned:	10/12/2015	Date of Injury:	03/11/2011
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 46 year old female, who sustained an industrial injury on 3-11-2011. The injured worker is undergoing treatment for: neck, upper back, middle back, and right shoulder. On 7-30-15, and on 8-28-15, she reported pain to the neck, upper back, middle back, and right shoulder. She rated her pain 6 out of 10. She indicated there was associated numbness and tingling of the upper extremities. No aberrant behaviors or side effects are noted. No report of gastrointestinal issues is noted. Physical re-examination did not include documented assessment of the gastrointestinal system. Her gait is noted to be normal, neck with spasm and tenderness, thoracic spine with tenderness, lumbar spine with restricted range of motion and tenderness, right shoulder with tenderness and range of motion is restricted, Hawkins, shoulder cross over and neers tests are positive. The treatment and diagnostic testing to date has included: ice, heat, exercise, massage, medications, rest, and H-wave. Medications have included: Anaprox DS, Vicodin, Prilosec, Lunesta, and Norflex. Current work status: temporarily totally disabled. The request for authorization is for: cervical epidural steroid injection at C5-C6; cervical epidural steroid injection at C6-C7; transportation; Prilosec DR 20mg quantity 30. The UR dated 9-9-2015: non-certified cervical epidural steroid injection at C5-C6; cervical epidural steroid injection at C6-C7; transportation; Prilosec DR 20mg quantity 30. Certified Anaprox DS 550mg quantity 30; Vicodin 5-300mg quantity 25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and at least 50% functional improvement for 6-8 weeks after the initial injection. In this case, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The functional improvement after the last CESI was only for about 3 weeks. Medical necessity for the requested service has not been established. The requested C5-C6 epidural steroid injection is not medically necessary.

Cervical epidural steroid injection C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and at least 50% functional improvement for 6-8 weeks after the initial injection. In this

case, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The functional improvement after the last CESI was only for about 3 weeks. Medical necessity for the requested service has not been established. The requested C6-C7 epidural steroid injection is not medically necessary.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services.

Decision rationale: The California Department of Health Care Services recommends the use of medical transportation when medical services are necessary and the patient's physical condition precludes the use of transport by private or public transportation. In this case, the requested cervical epidural steroid injections are not medically necessary. Therefore, there is no indication for transportation. Medical necessity for transportation has not been established. The request for transportation is not medically necessary.

Prilosec DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.