MAXIMUS Federal Services

Case Number:	CM15-0202820		
Date Assigned:	10/19/2015	Date of Injury:	08/10/2013
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 41-year-old female, who sustained an industrial injury on 8-10-2013. Medical records indicate the worker is undergoing treatment for sacrum disorder and lumbar radiculitis. A recent progress report dated 9-23-2015, reported the injured worker presented for a follow up visit with subjective complaints listed and gastrointestinal issues were not addressed. Physical examination revealed right sacroiliac tenderness with normal lumbar range of motion. A visit from 9-14-2015 the injured worker complained of pain in the bilateral hips, sacroiliac sulcus and buttocks. Treatment to date has included injection, physical therapy and medication management. The physician is requesting Right lumbar 4-5 transforaminal epidural steroid injection, 4 view x ray of the lumbar spine and Omeprazole 20mg #30. A 4/1/15 electrodiagnostic study was negative for bilateral lumbosacral radiculopathy. A 3/16/15 lumbar MRI revealed no disc protrusion at L4-5 and patent central canal and neural foramina at L4-5. On 9-28-2015, the Utilization Review noncertified the request for Right lumbar 4-5 transforaminal epidural steroid injection, 4 view x ray of the lumbar spine and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transforaminal epidural steroid injection: 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: Right L4-5 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on imaging or 3lectrodiagnostic testing. Therefore, the request for epidural steroid injection is not medically necessary.

X-ray of the L/S 4 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back problems- Radiography (x-rays).

Decision rationale: X-ray of the L/S 4 views is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG states that Radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation does not indicate that the patient meets these criteria. There are no red flag physical exam findings. The request for X-ray of the lumbar spine is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole 20mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID, induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.