

Case Number:	CM14-0122331		
Date Assigned:	09/25/2014	Date of Injury:	09/20/2010
Decision Date:	11/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of September 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; reported diagnosis with rib fracture; and earlier thoracic radiofrequency ablation procedures. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for a fluoroscopically-guided facet medial branch block, approved request for Norco, and denied a request for omeprazole. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant presented with persistent complaints of sternal, rib, and mid back pain. The applicant did report issues of anxiety and depression. The applicant's medications included Norco, Prilosec, and Ambien, it was stated. The applicant was not working and was unemployed, it was acknowledged. Decreased sensorium was noted about the left T7 through T9 dermatomes with 5/5 lower extremity strength appreciated. Both thoracic and lumbar ranges of motion were reportedly limited secondary to pain, with some thoracic facet injection noted. The attending provider stated that he was employing omeprazole to treat opioid-induced reflux and/or dyspepsia. The applicant was placed off of work, on total temporary disability. The thoracic medial branch block procedure was again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Diagnostic Right T8-T9 and T9-T10 facet Joint Medical Branch Block:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Injection, Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, diagnostic blocks such as the facet medial branch blocks being sought here are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The attending provider, on August 14, 2014, gave the applicant diagnoses of rib fracture, chest contusions, sternal neuropathic pain, thoracic arthropathy, thoracic stenosis, and thoracic disk protrusions. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.

Omeprazole 20mg #30 DOS: 07/17/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): page 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has posited that the applicant has an analogous issue, opioid-induced dyspepsia. Selection and/or ongoing usage of omeprazole are indicated to combat the same. Therefore, the request is medically necessary.