

<b>Case Number:</b>	CM14-0146092		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Illinois. 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 injured worker is a 46 year old female with a date of injury on 7/6/2011 with neck, right shoulder and low back pain. At her treating physician's office visit on March 7, 2014, she was tender at the levels of L4-5, L5-S1 and the SI notch with weak positive straight leg raise on the left side. Her diagnoses include past right shoulder superior labral tear from anterior to posterior repair, cervical sprain/strain, cervical disc bulging, lumbar spondylosis, disc bulging and right shoulder pectoralis strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block L4-L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (injections) section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** Per the Official Disability Guidelines, facet blocks are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-

articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The worker has chronic diffuse musculoskeletal pain. The documentation does not indicate concurrent evidence-based conservative care or a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Therefore, facet blocks are not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The documentation attached does not support a history of gastrointestinal problems or evidence of medication-induced gastro-esophageal reflux disease. Per the Chronic Pain Medical Treatment Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor (for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Therefore, omeprazole is not medically necessary.