

<b>Case Number:</b>	CM14-0160210		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/15/2007
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family 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:

This is a 60-year-old female with a 1/15/07 date of injury. The mechanism of injury occurred when she attempted to assist a hotel visitor who had fallen down the stairs and twisted in her chair and stood up abruptly from her desk. At that time, she noted immediate pain and a "crack" in her lower back. According to an appeal note dated 9/18/14, the injured worker is currently complaining of a flare-up of her back pain and right lower extremity pain. She was walking and felt back pain radiating into her bilateral lower extremities. The injured worker has previously had a lumbar epidural steroid injection on 7/30/13 and stated that her back pain had significantly improved by almost 100% and 80-90% decrease in her right leg pain. She had improvement in strength and pain level in the right leg and her numbness or tingling in the right leg was decreased since the injection. An MRI of the lumbar spine dated 8/26/10 revealed a broad-based disc bulge at L3-L4 and L5-S1 as well as hypertrophic facet changes, there is resultant partial right lateral recess impingement at the L3-L4 with mild to moderate right neuroforaminal narrowing as well as moderately severe right neuroforaminal narrowing at L5-S1. The injured worker's medication regimen consisted of Cymbalta, Pantoprazole, Motrin, Trazodone, and Gabapentin. Medications continue to help to reduce pain and for better function. Objective findings: tenderness to palpation at the lumbosacral junction, decreased lumbar spine range of motion, sensations were decreased to light touch along the left inner calf and inner thigh compared to the right lower extremity, motor strength is decreased 4/5 with hip flexion. Diagnostic impression: postlaminectomy syndrome, sciatica, status post C4-C6 cervical decompression, sacrum disorders. Treatment to date: medication management, activity modification, physical therapy, massage therapy, chiropractic treatment, epidural steroid injections. A UR decision dated 9/9/14 denied the requests for 1 bilateral transforaminal epidural steroid injection at L3-4, L4-5, L5-S1 and pantoprazole. Regarding epidural steroid injection,

documentation does not demonstrate that the injured worker has attempted adequate conservative treatment following her recent flare up. As previous conservative treatment has been successful, proceeding with an epidural steroid injection prior to exhausting conservative treatment options is not warranted. Regarding pantoprazole, there is no documentation that the injured worker is at risk for gastrointestinal events.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Transforaminal Epidural Steroid Injection at L3-4, L4-5, L5-S1 with Lumbar Epidurogram, IV Sedation, Fluoroscopic Guidance and Contrast Dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the present case, there is no documentation suggestive that the injured worker has had any recent conservative treatments since the flare-up of her pain that have been ineffective. It is noted that medications continue to help to reduce pain and for better function. In addition, the injured worker reported significant pain relief from her previous epidural steroid injection, however the duration of benefit was not specified, there is no notation that her pain relief lasted for at least six to eight weeks following the injection. Furthermore, although there is reference to an MRI dated 8/26/10, the official MRI report was not provided for review. Therefore, the request for Bilateral Transforaminal Epidural Steroid Injection At L3-4, L4-5, L5-S1 with Lumbar Epidurogram, IV Sedation, Fluoroscopic Guidance and Contrast Dye was not medically necessary.

#### **Pantoprazole 20MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS FDA (Pantoprazole (Protonix))

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or

patients utilizing chronic NSAID therapy. It is noted that the injured worker is currently taking the NSAID, Motrin. Guidelines support the prophylactic use of proton pump inhibitors in patients utilizing chronic NSAID therapy. Therefore, the request for Pantoprazole 20mg #60 is medically necessary.