

<b>Case Number:</b>	CM15-0018924		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/25/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on February 25, 2003. He has reported severe low back pain that radiates into the right leg and has been diagnosed with lumbar discogenic disease, lumbar radiculopathy, status post lumbar fusion, probable break down above or below the level of fusion, status post fusion L4-5, and stenosis at L3-4. Treatment has included oral medications, activity modification, physical therapy, and prolonged rest. Currently the injured worker complains of tenderness to the lower back and has restricted range of motion due to spasm. The treatment plan included medication, TENS unit, and a lumbar epidural steroid injection. On January 23, 2015 Utilization Review modified TENS unit and non certified omeprazole 20 # 120 and a lumbar epidural steroid injection at L3-5 bilaterally citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit, 30-Day Home Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

**Decision rationale:** Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. There is no clinical exam documenting imitations in ADL, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The TENS Unit, 30-Day Home Trial is not medically necessary and appropriate.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #120 is not medically necessary and appropriate.

**LESI at L3-5 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute

new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The LESI at L3-5 bilaterally is not medically necessary and appropriate.