

<b>Case Number:</b>	CM15-0175998		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 51 year old female who sustained an industrial injury on May 07, 2013. Previous treatment to include: activity modification, medications, H-Wave, acupuncture therapy, physical therapy, injections, and surgery. The following treating diagnoses were applied: anxiety, intervertebral disc disorder, cervical; degenerative disc disease, cervical, radiculopathy upper extremity, insomnia, musculoligamentous injury, left wrist, and status post left carpal tunnel release with residual. An initial orthopedic examination dated March 03, 2015 reported chief subjective complaint of neck pain radiating into the left arm with pain, numbness and tingling down the arm. Current medication regimen consisted Of: Fentanyl, Lyrica, and Xanax. The following diagnosis was applied: cervical spondylosis with myeloradiculopathy at C4-5 and C6-7. The plan of care noted to involve: undergoing a more recent magnetic resonance imaging study of the cervical spine along with radiographic study; possible surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical epidural steroid injection at level C7-T1 with catheter to C3-C7 under fluoroscopy guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The current request is for CERVICAL EPIDURAL STEROID INJECTION AT LEVEL C7-T1 WITH CATHETER TO C3-C7 UNDER FLUOROSCOPY GUIDANCE. The RFA is dated 08/13/15. Previous treatment include: activity modification, medications, H-Wave, acupuncture therapy, physical therapy, injections, and cervical fusion. The patient's work status was not addressed. MTUS has the following regarding ESIs, under its Chronic pain Section, Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient is status post cervical discectomy and fusion at C4-5, C5-6 and C6-7 on March 2015. Per report 07/22/15, the patient presents with progressive limited range of motion of the neck with associated severe muscle spasms. There is tingling and numbness in the cervical region with weakness to the bilateral arms. Examination revealed weak grip, and weakness in both arms. A request was made for a CESI at level C7-T1 with catheter to C3-C7 under fluoroscopic guidance. Review of the medical file indicates that the patient underwent a CESI at level C7-T1 on 09/24/14. The patient reported 50% improvement following the injection. In this case, there is no documentation of reduction of medication or specific functional improvement following the 09/24/14 CESI. Given the lack of documentation, the request IS NOT medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The current request is for OMEPRAZOLE 20MG #30. The RFA is dated 08/13/15. Previous treatment include: activity modification, medications, H-Wave, acupuncture therapy, physical therapy, injections, and cervical fusion. The patient's work status was not addressed. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is status post cervical discectomy and fusion at C4-5, C5-6 and C6-7 on March 2015. Per report 07/22/15, the patient

presents with progressive limited range of motion of the neck with associated severe muscle spasms. There is tingling and numbness in the cervical region with weakness to the bilateral arms. Examination revealed weak grip, and weakness in both arms. The patient's medications include Duragesic patches, Gabapentin, Lyrica and Omeprazole. The treater does not specifically discuss this medication. Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.