

<b>Case Number:</b>	CM15-0179446		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/29/2006
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency Medicine

### 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 56 year old female who sustained an industrial injury on 06-29-2006. Diagnoses include chronic cervical spine pain-status post cervical fusion C5-C6 level, cervical radiculitis, lumbar discogenic disease, lumbar radiculitis, and status post right carpal tunnel release with recurrent carpal tunnel syndrome, bilateral shoulder pain, gastritis and depression. A physician progress note dated 07-01-2015 documents the injured worker has complaints of neck and bilateral shoulder pain and low back pain radiating down her left leg. She rates her pain as 9 out of 10 without medications and with medications, her pain is rated 3 out of 10. She has decreased cervical range of motion and cervical facet tenderness. Axial compression elicits pain, and there is tenderness along the cervico trapezial ridge. She has spasms in the lumbar and cervical spine. Lumbar range of motion is restricted due to pain. Straight leg raise is positive at 45 degrees. Shoulder range of motion is restricted due to pain and Lasegue is noted on the left. She has positive Tinel's and Phalen's. Treatment to date has included diagnostic studies, medications, cervical fusion, lumbar epidural steroid injections, carpal tunnel release and acupuncture. She is retired. A Urine Drug screen was done on 05-14-2015 showed none detected. A Magnetic Resonance Imaging of the cervical spine done on 04-28-2015 revealed C5-C6 is surgically fused with no definite residual or recurrent disc herniation. The spinal canal and neural foramina are patent and the exiting nerve roots are normal. A Lumbar Magnetic Resonance Imaging done on 04-28-2015 revealed areas of disc desiccation and areas of herniation with concurrent bilateral facet degenerative change. L5-S1 showed disc herniation indenting the thecal sac with a prominent left foraminal protrusion causing narrowing of the left

neural foramen. Current medications were not documented. The treatment plan included Norco 10-325mg # 60. On 08-12-2015, the Utilization Review denied the requested treatments of Acupuncture to cervical, lumber, shoulders and hands QTY: 12, and Injection (1/4cc Celestone and 3cc Marcaine split to cervical and lumbar spine). Prilosec 20mg #60 was modified to Prilosec 20mg, #30. Internal medicine report dated 5/22/15 states that patient has gastritis but concludes that it does not appear industrial.

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

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

#### **Prilosec 20mg #60: 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:** Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. It is unclear if patient is on any NSAIDs although UR states that patient is on NSAIDs. Internal medicine report states that patient has gastritis but that it is not industrial. The dosing of Prilosec is not appropriate for gastritis. Prilosec is approved for once a day dosing and is only recommended for 2 times a day or more dosing in hypersecretory states and stomach ulcers. Patient does not meet any indication for this dosing frequency and it is unclear if patient is actually on NSAIDs. Prilosec is not medically necessary.

#### **Acupuncture to cervical, lumber, shoulders and hands QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** As per MTUS acupuncture guidelines, patient can only receive additional acupuncture sessions if there is documentation of objective improvement in pain and function. Provider has failed to document any information that supports additional acupuncture sessions. Therefore, this request is not medically necessary.

#### **Injection (1/4cc Celestone and 3cc Marcaine split to cervical and lumbar spine): 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): Trigger point injections.

**Decision rationale:** This request is vague and incomplete. It is likely a request for trigger point injections as if this was a request for any other injections like epidural steroid injections, the request would be automatically invalid due to absence of levels to be injected. Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. Patient does not have any documentation of twitch response. There is no documentation of failure of conservative care. Patient does not meet a single criterion for this injection. The request is not medically necessary.