

Case Number:	CM15-0060138		
Date Assigned:	04/22/2015	Date of Injury:	08/27/2009
Decision Date:	06/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 18, 2009. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve requests for two cervical epidural steroid injections at unspecified levels and omeprazole. The applicant's attorney subsequently appealed. In an appeal letter dated March 20, 2015, the treating provider stated that he was appealing a previously denied epidural steroid injection. The attending provider referenced an MRI of the cervical spine of March 15, 2011, demonstrating bilateral neuroforaminal narrowing at the C6-C7 level. On February 4, 2015, the applicant reported persistent complaints of neck pain, 7/10, with radiation of pain into the bilateral arms. The applicant had had multiple previous epidural steroid injections, it was acknowledged, some of which had produced transient pain relief, the treating provider reported. The applicant was using unspecified topical compounded medications, it was acknowledged. Upper extremity strength ranging from 4-5/5 was reported. Epidural steroid injection therapy was endorsed. The applicant's work status was not provided. The applicant's past medical history was notable for hypertension. The applicant's gastrointestinal review of systems was negative, it was reported. There was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia on this occasion. On March 11, 2015, the applicant reported ongoing complaints of neck pain, wrist pain, elbow pain, and upper extremity paresthesias. The applicant had undergone earlier bilateral carpal tunnel release surgeries and trigger finger release procedures, it was noted. The applicant was permanent and stationary. Diclofenac was endorsed. The applicant was given omeprazole for gastric protective

effect as opposed to for actual symptoms of reflux. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In a December 31, 2014 progress note, the primary treating provider sought authorization for two consecutive epidural steroid injections, a pain management consultation, a spine surgery consultation, and unspecified topical compounded medications. The applicant reported difficulty performing bending, stooping, carrying, and lifting activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections x2 unspecified level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for two consecutive epidural steroid injections was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider sought authorization for two consecutive epidural blocks, with no proviso to re-evaluate the applicant between injections so as to ensure a favorable response to the same before moving forward with a repeat block. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that evidence of radiculopathy should be radiographically and/or electrodiagnostically confirmed. Here, however, previous cervical MRI from 2011 did not establish clear or compelling evidence of radiculopathy. Finally, the applicant had already had multiple previous epidural steroid injections through the date of the request and had, furthermore, failed to demonstrate lasting benefit or functional improvement through the same. The applicant continued to report difficulty performing activities of daily living as basic as lifting, carrying, gripping, and grasping, it was reported above. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of multiple previous epidural steroid injections. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that omeprazole was intended for gastric protective effect here as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant was less than 65 years of age (age 62), was only using one NSAID (diclofenac), was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and did not have a history of peptic ulcer disease or GI bleeding. Therefore, the request was/is not medically necessary.