MAXIMUS Federal Services

| Case Number: | CM15-0073350 | | |
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| Date Assigned: | 04/23/2015 | Date of Injury: | 06/12/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

## 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 52 year old male, who sustained an industrial injury on 6/12/13. He reported right knee pain followed by left knee pain and lower back pain a few months later. The injured worker was diagnosed as having symptomatic bilateral knee osteoarthritis, lumbosacral sprain with radicular symptoms, moderate disc herniation at L4-5 and L5-S1 with central and neuroforaminal stenosis, bilateral shoulder tendinitis, chronic pain, opioid dependence and depression and anxiety. Treatment to date has included oral medications, physical therapy and home exercise program. Currently, the injured worker complains of low back pain with radiation to feet with mild aching of the neck, shoulders and upper back and numbness and tingling sensations of both feet. He rates his pain as 7/10.It is noted the injured worker had some improvement with physical therapy. Physical exam noted decreased range of motion of lumbar spine, mildly antalgic gait and decreased range of motion of bilateral knees. The treatment plan included a prescription for Norco, a request for chiropractic care, x-rays of bilateral knees, Prilosec and epidural corticosteroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural steroid injection of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46; 68-69; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, 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 specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The L4-L5 epidural steroid injection of the lumbar spine is not medically necessary and appropriate.

**Prilosec 20mg #60 with 2 refills:** Upheld

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

**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 Prilosec 20mg #60 with 2 refills is not medically necessary and appropriate.