

Case Number:	CM13-0014834		
Date Assigned:	10/07/2013	Date of Injury:	06/04/2011
Decision Date:	01/28/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old male who injured his back while lifting a heavy object in a twisting motion. This is a diagnosis of cervical degenerative disc. The patient has been treated with physical therapy, medications, and ice. On July 23, 2013 the report states the patient has constant neck pain to both sides of his neck that radiates to both shoulders and the shoulder blade regions and down his arms bilaterally extending into his fingers. The patient has lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral for Cervical Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM Guidelines do not recommend cervical facet blocks, but also do not give criteria for facet blocks. The Official Disability Guidelines have criteria for facet blocks. The criteria includes if the patient does not have radicular pain. The medical records provided for review indicate the patient has radiating pain down his arms. Therefore this treatment does not meet the Official Disability Guidelines' criteria for facet blocks. Finally,

because the ACOEM Guidelines do not recommend facet block injections, then the request for an outpatient referral for cervical medical branch block is not medically necessary and appropriate.

Cervical Epidural Injection C5-6: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines give specific criteria for Epidural Steroid Injections (ESI.) They include the diagnosis of radiculopathy on physical examination as well as in diagnostic testing. According to the medical records provided for review. Physical examination results showed no neurological defects, and diagnostic testing results from April 15, 2013 showed no radiculopathy. Therefore this patient does not meet the criteria given by guidelines, and the request for cervical epidural injection at C5-6 is not medically necessary and appropriate.

Lumbar Medial Branch Blocks L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines do not recommend facet blocks stating they are of questionable merit. The Official Disability Guidelines' criteria for lumbar facet blocks includes if the patient does not have radicular pain. The medical records provided for review indicate the patient has radiating pain down his legs. Therefore this treatment does not meet criteria outlined in the Official Disability Guidelines. This procedure is also not indicated if surgery is an option, and in the notes dated 10/2013 fusion was indicated to be an option, however, the patient's weight and heart issues may be a contraindication. Finally, because the ACOEM Guidelines do not recommend facet block injections, the request for Lumbar Medial Branch Blocks L4-5 and L5-S1 is not medically necessary and appropriate.

One Lumbar Epidural Injection L4-5 and L5-S1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines give specific criteria for Epidural Steroid Injections (ESI.) They include the diagnosis of radiculopathy on physical examination as well as in diagnostic testing. According to the medical records provided for review. Physical examination results showed no neurological defects, and diagnostic testing results from April 15, 2013 showed no radiculopathy except for mild S1 radiculopathy on the right. The treatment quest is for epidural injections on L4 and L5-S1, for which there is no radiculopathy shown. The request for one lumbar epidural injection L4-5 and L5-S1 is not medically necessary and appropriate.

Participation in Medi-fast weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed?term=obesity%20in%20DU5%20workers%20%27Cabana>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, the CMS 40.5 Treatment of Obesity, and AETNA Clinical Policy Bulletin 0039.

Decision rationale: The MTUS Guidelines do not address weight loss regarding low back disorders, so other guidelines were sought. The National Guideline Clearinghouse recommends weight loss for prevention of low back pain. However, there is no specific method for weight loss given. [REDACTED] - Treatment of Obesity does not cover treatments for obesity or supplemented fasting. It does allow for a case by case basis decision on weight loss if obesity prevents a needed surgery. This patient is not pending surgery needing weight loss. Based on Aetna Clinical Policy Bulletin (0039), criteria for the usage of weight reduction programs and/or weight reduction medications includes individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. The requesting physician does not document the patient's BMI. There is no documentation of what attempts have been made to lose weight, and no adequate documentation of comorbidities meeting the criteria for a weight loss program. The request for participation in a medi-fast weight loss program is not medically necessary and appropriate.