

Case Number:	CM13-0015340		
Date Assigned:	01/10/2014	Date of Injury:	02/15/2012
Decision Date:	04/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 52-year-old male who reported an injury on 02/15/2012 after a fall that reportedly caused injury to the patient's low back. The patient's treatment history included physical therapy, medications, and activity modifications. The patient's most recent clinical evaluation noted the patient had good lumbar range of motion; however, severe pain with lumbar extension and rotation and mild tenderness to palpation throughout the lumbar spine, a positive straight leg raising test eliciting pain in the S1 distribution, generalized weakness in the knee extensor, ankle dorsiflexor, plantar flexor and EHL secondary to pain. It was also noted that the patient had moderate pain on facet loading bilaterally at the L4-5 and L5-S1 levels. The patient's diagnoses included status post L5-S1 laminectomy in 1988, low back pain, and lumbar radiculopathy. A request was made for an internal medicine referral, a weight loss program, a pain management referral, and facet joint injections or possible medial branch blocks at the L5-S1 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Internal medicine referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested Internal medicine referral is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine supports referrals for specialty consultations when the patient has a complicated diagnosis that would benefit from specialty consultation and expertise. The clinical documentation submitted for review does not specifically identify how a referral to an internal medicine physician would contribute to the patient's treatment planning. Therefore, the need for this type of referral is not supported. As such, the requested Internal medicine referral is not medically necessary or appropriate.

Decision for Weight loss program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetic Chapter, Lifestyle Modifications

Decision rationale: The requested Weight loss program is not medically necessary or appropriate. The Official Disability Guidelines recommend a supervised weight loss program when the patient has failed to progress through a self-directed self-managed weight loss program. The clinical documentation submitted for review does not provide any evidence that the patient has failed in an attempt to restrict nutritional intake and promote self-managed exertional output. Therefore, the need for a supervised weight loss program is not clearly established. As such, the requested weight loss program is not medically necessary or appropriate.

Decision for Pain management referral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page(s) 162

Decision rationale: The requested Pain management referral is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine supports referrals for specialty consultations when the patient has a complicated diagnosis that would benefit from specialty consultation and expertise. The clinical documentation submitted for review does not specifically identify how a referral to a pain management physician would contribute to the patient's treatment planning. Therefore, the need for this type of referral is not supported. As such, the requested Pain management referral is not medically necessary or appropriate.

Decision for Facet joint injections or possible medial branch blocks at L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested Facet joint injections or possible medial branch blocks at L4-5 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support therapeutic facet injections. The Official Disability Guidelines do not recommend medial branch blocks in the presence of radiculopathy. The clinical documentation submitted for review does provide evidence that the patient has radicular symptoms and is diagnosed with lumbar radiculopathy. Therefore, a medial branch block would not be supported. As such, the requested Facet joint injections or possible medial branch blocks at L4-5 are not medically necessary or appropriate.