

Case Number:	CM14-0029808		
Date Assigned:	03/26/2014	Date of Injury:	01/31/2001
Decision Date:	05/05/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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/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:

This patient is a 49-year-old male with a date of injury of 1/31/2001. Medical documents indicate that the patient is undergoing treatment for C5-7 right neuroforaminal stenosis, lumbar disc protrusion, obesity, psychiatric injury, left knee internal derangement, and gynecomastia. Subjective findings (3/28/2013) include muscle spasms, tingling/numbness to left leg, constant back pain with radiation down to left thigh, leg, and foot. Objective findings include 5'10", 250 lbs, BMI 38, lumbar paraspinal tenderness, decreased ROM to lumbar spine, normal low back strength, and 4mm disc protrusion to L5-S1 on MRI. Treatment has included gastric bypass in 2010/2011, epidural injection to cervical spine, Norco, Motrin, Flexeril, Ambien, Omeprazole, and vitamins. Utilization reviews dated 7/26/2013 and 8/1/2013 non-certified the request for 1 Lumbar Epidural Steroid Injection and 1 Panniculectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). MRI of lumbar does show protrusion to L5-S1. Objective findings documented in progress notes are general and not specific to L5-S1, making corroboration to MRI results difficult. The patient is taking medications (NSAIDs), but the progress reports to not document unresponsiveness to the other modalities noted above. As such, the request for 1 Lumbar Epidural Steroid Injection is not medically necessary.

1 PANNICULECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Betsy Lehman Center for Patient Safety and Medical Error Reduction, Expert panel on weight loss surgery executive report. Boston (MA): Massachusetts Department of Public Health; 2007 Dec 12. 106p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: UpToDate, Overview of medical management of patients after bariatric surgery.

Decision rationale: California MTUS, ACOEM, and ODG are silent regarding panniculectomy. UpToDate writes, "Although panniculectomy can be performed at the same time as bariatric surgery, a case series suggested that delaying surgery until after maximal weight loss may be safer and more effective." The patients weight/BMI is unstable. Progress note dated 2/8/2013 indicated patients weight as 249.6 and the treating physician writes "he has put on 10 pounds". On 6/27/2013, his documented weight was 267 pounds. On 7/3/2013, his documented weight was 258 pounds. Additionally, the progress notes fail to describe the physical exam findings related to excessive skin (size, length, etc), which is helpful to support the diagnosis of panniculus. His documented weight continues to fluctuate and is not stable. As such, the request for panniculectomy is not medically necessary.