

Case Number:	CM13-0037461		
Date Assigned:	12/13/2013	Date of Injury:	08/09/2007
Decision Date:	04/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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:

This claimant is a 61-year-old female who was injured in a work-related accident August 9, 2007. This was a cumulative trauma injury resulting in acute low back complaints. The clinical records provided for review included a September 17, 2013 follow-up report by [REDACTED] noting that the claimant had continued complaints of pain in the low back and left knee, for which she was status post total knee arthroplasty. The documentation pertaining to her low back noted radiating pain to the tailbone and into the buttock bilaterally. Objective findings documented the claimant's vital signs. The diagnosis was lumbar radiculopathy status post two prior lumbar fusion procedures in 2007 noting that the claimant was fused from L2 through the S1 level. [REDACTED] documented that the claimant had failed postoperative care including traditional epidural steroid injections. The recommendation was for a hypertonic saline injection and lysis of adhesions followed by epidural steroid injection. There was also a request for a nutritional consultation and weight loss supplements for the claimant's diagnosis of obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL HYPERTONIC SALINE LYSIS OF ADHESIONS WITH INDWELLING EPIDURAL CATHETER PLACEMENT (PLACED CAUDALLY THROUGH THE SACRAL HIATUS) FOR INCREMENTAL HYPERTONIC SALINE DOSING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC), 18th Edition, 2013 Updates: Low Back Procedure: Adhesiolysis, percutaneous.

Decision rationale: The MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines, the request for an adhesion injection, i.e., adhesiolysis, would not be supported. The Official Disability Guidelines do not support the role of this process. It is not recommended due to lack of sufficient literature to demonstrate its efficacy in the long term. The specific request for the epidural neurolysis being requested would thus not be indicated.

EPIDURAL DEPO STEROID INJECTION QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

90-120 MINUTE EXTENDED RECOVERY ROOM STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NUTRITION CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: Based on the ACOEM Guidelines, a nutritional consultation would not be indicated. Nutritional decisions are lifestyle decisions that, in and of themselves, are not related to the employee's underlying work-related process. The specific request for a nutritionist at this stage in the employee's chronic course of care for the low back injury due to cumulative trauma would not be indicated.

WEIGHT LOSS SUPPLEMENTS () QTY: 2 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Based on the MTUS ACOEM Guidelines, weight loss supplementation would not be indicated. Weight loss would also be considered an individual risk factor and personal preference along the lines of such things as exercise, smoking cessation, and lifestyle choices. The role of nutritional supplements for the sole purpose of weight loss in and of themselves would not be related to the employee's medical condition. The specific request for the above would not be deemed medically necessary.