

<b>Case Number:</b>	CM13-0059537		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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:

The patient is a 48-year-old male with date of injury of July 30, 2012. According to the treating physician's report dated August 09, 2013, the patient presents with low back pain with radiation into both legs, along with numbness and tingling. The pain is greater on the right side that fluctuates over the left side. Examination showed decreased range of motion, tenderness across the low back, above the gluteal cleft with myofascial guarding, negative straight leg raise test and negative LasA"gue's sign. Muscle testing was normal, normal reflexes, normal sensation. An MRI of the lumbar spine showed 5-mm disk extrusion at L4-L5. Assessment was discogenic back pain. The treating physician states that the patient does not have any signs or symptoms of radiculopathy, but agreed with comments made by [REDACTED], that he would benefit from a diagnostic/therapeutic epidural injection to see if there is something that can be done to help relieve the patient's work-related condition. He recommended at least one (1) to two (2) caudal epidural injections for the lumbar spine prior to considering surgery. He also recommended physician-directed weight loss program or a program through something like the [REDACTED] so that the patient can lose 50 pounds, which would relieve the stress in his back and potentially help relieve the effects of his condition. A lumbar MRI from December 14, 2012 shows posterior disk extrusion into the spinal canal approximately 5mm AP x 13mm craniocaudally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **TWO (2) CAUDAL LUMBAR EPIDURAL INJECTIONS FOR THE LUMBAR SPINE AT L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47.

**Decision rationale:** The patient presents with chronic persistent low back pain. There is a request for 2 caudal lumbar epidural steroid injections. However, this patient does not present with radiculopathy as noted by the treating physician an August 09, 2013 report. The California MTUS Guidelines require clear diagnosis of radiculopathy for a trial of epidural steroid injection. While this patient presents with an extruded disk, it is not causing any irritation or damage of the nerve roots as evidenced by clinical presentation. Examination findings showed negative straight leg raise, negative dermatomal sensory deficits, negative myotomal motor deficits. The patient does not present with any significant radicular symptoms either and by the treating physician's assessment, no diagnosis of radiculopathy. Therefore recommendation is for non-certification.

## **MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE SEARCH ARTICLE; ANN INTERN MED. 2005 JAN4;142(1);56-66, SYSTEMATIC REVIEW; AN EVALUATION OF MAJOR COMMERCIAL WEIGHT LOSS PROGRAMS IN THE UNITED STATES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** The patient presents with chronic low back pain. There is a request for medically supervised weight loss program which the treating physician feels would benefit this patient's chronic low back pain. The patient's weight is at 251 pounds with a height of 5 feet 4 inches. The California MTUS, ACOEM Guidelines, and Official Disability Guidelines do not address weight loss programs. The Aetna Guidelines, under weight loss program, do support clinician supervision weight reduction program up to combined limited of 26 individual or group visits by any recognized provider per 12 months. In this case, the treating physician requests "medically supervised weight loss program", but does not specify with whom, which method, and for what duration. There is also no discussion of what counseling and education have been provided and what attempts have been made by the patient. There is no discussion as to how motivated the patient is about loss of weight and no discussion regarding specific plans other than medically supervised weight loss program. Given the lack of specifics of the request, and the lack of any documentations regarding what has been tried and failed, recommendation is for non-certification.

