

Case Number:	CM13-0063819		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2008
Decision Date:	04/14/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 61-year-old female who reported injury on 05/13/2008. The mechanism of injury was not provided. The patient's diagnosis was noted to include lumbar stenosis and radiculopathy. The documentation submitted for review indicated that the patient had a history of lumbar spinal stenosis and radiculitis. The patient indicated she was having more hip pain occurring daily, and it was worse with prolonged sitting. The patient indicated that occasionally, the pain radiated down to the feet, and the patient denied having lower extremity numbness, tingling, or weakness. The physical examination revealed the patient had mild discomfort to palpation around the L5. The patient had a positive facet loading bilaterally. The lower extremity strength testing and sensation testing were noted to be intact. It was indicated that the patient's Achilles and patellar tendon deep tendon reflexes were 2/4 and symmetric. It was indicated the findings were mildly diminished. The assessment and plan were noted to include the patient had radicular symptoms and had not received prompt medical treatment resulting in increased pain in the hips. The physician recommended a physical therapy program, a diagnostic epidural steroid injection at L4-5, and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 interlaminar epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection's.

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

Decision rationale: California MTUS Guidelines recommend for an epidural steroid injection, that the patient have documented objective findings of radiculopathy upon examination, corroboration by an MRI or electrodiagnostic testing, and documentation of initial failure with conservative treatment. Clinical documentation submitted for review failed to provide an official MRI to support radiculopathy. Additionally, the patient's myotomal and dermatomal examination was normal with a minimal decrease in the deep tendon reflexes in the Achilles and patellar tendon. There was a lack of documentation indicating the patient had trialed and failed conservative treatment. Given the above and the lack of documentation, the request for an L4-5 interlaminar epidural steroid injection under fluoroscopic guidance is not medically necessary.

Physical therapy twelve (12) sessions (1-2 x 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review indicated that the patient had reported injury in 2008. The patient should be well-versed in a home exercise program. The request as submitted failed to indicate the body part the requested physical therapy was for. Given the above, the request for physical therapy physical therapy, 12 sessions 1 to 2 times a week for 6 weeks, is not medically necessary.

Lindora weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wing, Rena R & Phelan, Suzanne. Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225. <http://ajcn.nutrition.org/content/82/1/222S.full>

Decision rationale: Per Wing, et. al. (2005) "Findings from the registry suggest six key strategies for long-term success at weight loss: 1) engaging in high levels of physical activity; 2) eating a diet that is low in calories and fat; 3) eating breakfast; 4) self-monitoring weight on a regular basis; 5) maintaining a consistent eating pattern; and 6) catching "slips" before they turn into larger regains...Initiating weight loss after a medical event may also help facilitate long-term weight control". Clinical documentation submitted for review failed to indicate the patient's

current BMI and weight as well as height to support a necessity for a weight loss program. Additionally, there was a lack of documentation indicating the patient had maintained a consistent eating pattern and was self-monitoring her weight on a regular basis. There was a lack of documentation indicating the patient was engaging in high levels of physical activity. The request as submitted failed to indicate the duration for the requested program. Given the above, the request for Lindora weight loss program is not medically necessary.