

<b>Case Number:</b>	CM14-0011051		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 48 year old female with a date of injury on 9/18/2007. Diagnoses include lumbar spine sprain/strain, and persistent axial low back pain. Recent subjective complaints are of low back pain that is interfering with daily activities and sleep. Physical exam shows tenderness over L4-L5 and L5-S1 facet area bilaterally. There is pain with facet loading in the lumbar area, decreased range of motion, normal strength and sensation, and negative straight leg raise test. Patient's weight was 304 pounds. Lumbar CT from 10/15/13 shows disc bulges and multilevel facet degenerative changes. Documentation shows attempts at dietary changes and low-calorie diets that have been unsuccessful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO WEIGHT LOSS PROGRAM:** Overturned

**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 An Evaluation Of Major Commercialweight Loss Programs. Annals Of Internal Medicine, January 4 2005

**Decision rationale:** CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation supports the need for weight loss with a current weight of 304 pounds. Medical records show that patient has utilized dietary changes and a low calorie diet, and has been unsuccessful in losing weight. Treating physician recommended a weight loss program, and specifically mentions [REDACTED]. Guidelines show supportive evidence that [REDACTED] programs were successful for weight loss. Therefore, the request for a weight loss program is medically necessary and appropriate.

**DIAGNOSTIC FACET BLOCK IN THE LUMBAR AREA AT THE LEVELS OF L4-L5, AND L5-S1 BILATERALLY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (Injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Injections.

**Decision rationale:** CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG indicate that facet joint pathology may be present if there is: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. For this patient, physical findings are consistent with a diagnosis of facet joint mediated pain. Therefore, the request for diagnostic facet block in the lumbar area at the levels of L4-L5, and L5-S1 bilaterally is medically necessary and appropriate.

**THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hot/Cold Packs.

**Decision rationale:** CA MTUS suggests at home local application of cold in the first few days of acute complaint, then application of heat or cold. The use of high-tech heating/cooling devices is not supported for low back pain. For this patient, submitted documentation does not demonstrate need for a specific device other than simple hot/cold packs. Therefore, thermocool hot and cold contrast therapy with compression is not medically necessary and appropriate.

