

Case Number:	CM14-0146653		
Date Assigned:	09/12/2014	Date of Injury:	09/10/2011
Decision Date:	12/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 9/10/11. A utilization review determination dated 8/20/14 recommends non-certification of urine toxicology screening and a [REDACTED] weight loss program. A second epidural steroid injection was certified. Two (2) urine toxicology screens were performed in the 4 previous months and they were consistent with prescribed medication. A medical report dated 7/25/14 identifies lumbar spine pain radiating down the legs to the toes associated with occasional numbness and tingling 7/10. Prior epidural steroid injection gave 60% relief of pain for 5-6 weeks. He was able to walk longer distances and sit longer, and was able to decrease intake of oral medications. On exam, there is tenderness, straight leg raise (SLR) on the right, limited range of motion (ROM), decreased sensation L4 and L5 right, 4/5 knee extensor strength, and decreased right knee reflex compared to the left. The provider noted that the prior epidural steroid injection (ESI) was 6 weeks earlier and the patient received 60% relief after the injection with decreased intake of Norco. He has gained 60 pounds since the injury and a weight loss program was recommended. A medical report dated 6/27/14 notes 7/10 pain, decreased since last visit. The pain was said to be 60% improved. He was noted to be 2 weeks status post epidural steroid injection. The patient underwent a urine drug screen. An operative report dated 6/14/14 notes that the patient underwent an epidural steroid injection. A medical report dated 4/29/14 identifies 8/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Right L4-L Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for second epidural steroid injection, MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the requesting physician has indicated that the patient had 60% relief with the prior epidural steroid injection, but this is not consistent with the medical reports indicating 8/10 pain prior to the ESI and 7/10 after. Furthermore, the request for a second injection was made prior to the 6 week minimum for duration of relief recommended by the California MTUS. In light of the above issues, the currently requested second epidural steroid injection is not medically necessary.

Urine Toxicology Screening: 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): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, the California MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Official Disability Guidelines recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test. The provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Management, Volume 109, Issue 2, pages 330-346

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: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>)

Decision rationale: Regarding the request for a [REDACTED] weight loss program, the California MTUS and Official Disability Guidelines do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested [REDACTED] weight loss program is not medically necessary.