

Case Number:	CM14-0178736		
Date Assigned:	11/03/2014	Date of Injury:	06/29/2013
Decision Date:	12/31/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 29, 2013. In a utilization review report dated October 3, 2014, the claims administrator denied an epidural steroid injection, denied a weight loss program, partially approved a request for 8 sessions of massage therapy as 4 sessions of the same, and denied a consultation with a dietician. Non-MTUS Medicaid Guidelines were invoked to deny the weight loss program. Similarly, non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the dietician consultation. The applicant's attorney subsequently appealed. In a November 8, 2014, progress note, the applicant reported ongoing issues with an umbilical hernia. The applicant was obese, standing 5 feet 4 inches tall and weighing 281 pounds with a resultant BMI of 48. A ventral hernia repair surgery was proposed. In a progress note dated September 9, 2014, the applicant reported ongoing complaints of low back and leg pain. The applicant reported that she was 90% worsened. The applicant had completed 13 sessions of acupuncture and 12 sessions of manipulative therapy, it was acknowledged. The applicant was not working and had not worked in over a year, it was further noted. The applicant stated that her ability to walk was somewhat improved as a result of ongoing medication consumption. The applicant reportedly weighed 290 pounds, stood 5 feet 4 inches tall and had a resultant BMI of 50. The applicant's back pain was severe, it was noted in another section of the note. A dietician consultation and weight loss program were endorsed. Norco, Norflex, massage therapy, and epidural steroid injection therapy were also sought. It was stated that the applicant had neural foraminal narrowing at L4-L5 noted on lumbar MRI imaging. The actual MRI report of August 24, 2013, was reviewed and was notable for degenerative disc disease with facet arthropathy and retrolisthesis at L4-L5 and L5-S1 with mild-to-moderate neural foraminal narrowing at left L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI, right L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, this recommendation is qualified by further commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some corroboration of radiculopathy, either electrodiagnostically or radiographically. In this case, however, earlier lumbar MRI imaging in late 2013, referenced above, was equivocal and did not reveal clear evidence of radiculopathy. The attending provider's argument that the applicant's primary pain generator is, in fact, radicular pain is offset by his concurrent pursuit of a weight loss program on the grounds that the applicant's low back pain is, in fact, weight related. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, however, it was not clearly or explicitly stated that the blocks in question was, in fact, a diagnostic block. Therefore, the request is not medically necessary.

Weight loss program: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Medscape, Obesity Treatment & Management Article

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1 takes a tepid to unfavorable position on weight loss programs, noting that on the strategies based on modification of applicant-specific risk factors such as improving applicant's fitness, smoking cessation, and weight loss may be "less certain, more difficult, and possibly less cost effective, a more recent guideline in the form of the Medscape, Obesity Treatment & Management article posits that current evidence does support usage of weight loss programs, noting that a randomized controlled trial found that commercially available weight loss programs are more successful and more affordable than primary care-based programs. Here, a weight loss program may be the most cost effective and appropriate option as the applicant has already tried various other treatments for a span of over a year, including manipulative therapy, acupuncture, physical therapy, opioid therapy, etc. These treatments have not been effective. The applicant has failed to return to work. The applicant is a severely obese individual with a BMI of 50, it was noted on

an office visit of September 9, 2014. A weight loss program, thus, may, in fact, be the most cost-effective and/or fruitful option in ameliorating the applicant's chronic low back pain. Therefore, the request is medically necessary.

Massage Therapy 2 x 4 to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98.

Decision rationale: The 8-session course of massage therapy proposed, in and of itself, represents treatment in excess of the 4- to 6-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that massage therapy treatment should be an adjunct to other recommended treatments such as exercise. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that passive modalities such as massage should be employed "sparingly" during the chronic pain phase of a claim. The request, thus, as written, represents treatment in excess of and is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Consultation with a dietician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider has posited that the source of the applicant's delayed recovery is severe obesity with a BMI of 50. The requesting provider, a pain management physician, may be uncomfortable addressing issues of morbid obesity, the underlying cause of the applicant's low back pain complaints. Obtaining the added expertise of a practitioner who is better-equipped to address such issues, such as a dietician, is therefore indicated. Accordingly, the request is medically necessary.