

Case Number:	CM14-0179513		
Date Assigned:	11/04/2014	Date of Injury:	09/23/2013
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old male with a 9/23/13 date of injury. At the time (9/29/14) of request for authorization for Pain management consult and treat for lumbar facet medial branch blocks at L5-S1 and [REDACTED] weight loss program for ten weeks, there is documentation of subjective (low back pain radiating to the buttocks) and objective (limited range of motion and positive straight leg raise and Fabere test) findings, imaging findings (X-ray of Lumbar spine (9/29/14) report revealed slight disc space narrowing at L5-S1), current diagnoses (lumbar spine strain/sprain, degenerative disc disease at L5-S1 and low back pain), and treatment to date (physical therapy, chiropractic treatment, and medications (including ongoing treatment with Naprosyn)). Regarding Pain management consult and treat for lumbar facet medial branch blocks at L5-S1, there is no documentation of low-back pain that is non-radicular and failure of additional conservative treatment (home exercises) prior to the procedure for at least 4-6 weeks. Regarding [REDACTED] weight loss program for ten weeks, there is no documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treat for lumbar facet medial branch blocks at L5-S1:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127; Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain/sprain, degenerative disc disease at L5-S1 and low back pain. In addition, there is documentation of failure of conservative treatments (physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, given documentation of a request for lumbar facet medial branch blocks at L5-S1, there is documentation that no more than 2 joint levels to be injected in one session. However, given documentation of subjective (low back pain radiating to the buttocks) and objective (limited range of motion and positive straight leg raise and Fabere test) findings, there is no documentation low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (home exercises) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Pain management consult and treat for lumbar facet medial branch blocks at L5-S1 is not medically necessary.

weight loss program for ten weeks: 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: http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL), as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain/sprain, degenerative disc disease at L5-S1 and low back pain. However, there is no documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL). Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] weight loss program for ten weeks is not medically necessary.