

Case Number:	CM14-0180184		
Date Assigned:	11/04/2014	Date of Injury:	08/31/2009
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
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 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 patient is a 52 year-old female with date of injury 08/31/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/04/2014, lists subjective complaints as low back pain. An MRI of the lumbar spine performed on 01/07/2014 was notable for mild degenerative endplate changes in the lower lumbar spine with osteophyte formation and posterior bony spurring with mild degenerative disc disease and degenerative facet hypertrophy. At L5-S1, there was a broad-based disc bulge and facet hypertrophy causing mild neural foraminal stenosis and slight narrowing of the left neural foramen. There was no spinal stenosis at any level of the lumbar spine. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and decreased sensation of the right L5-S1. Straight leg raising test was positive on the right at about 50 degrees. Diagnosis: 1. Lumbar spine L4-5 and L5-S1 disc herniations with root impingement. It was noted that the patient has had three epidural steroid injections to the lumbar spine in the past (12/16/2010), and that they were very helpful to her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for ESI (Epidural Steroid Injection) quantity requested: 1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function, page 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, a consultation is ordered for administration of an epidural steroid injection which is not medically necessary. Pain management evaluation for ESI (Epidural Steroid Injection) quantity requested: 1 is not medically necessary.

ESI (Epidural Steroid Injection) at L5-S1 quantity requested: 1: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam shows little evidence of nerve root impingement and the MRI shows only mild evidence of foraminal stenosis. ESI (Epidural Steroid Injection) at L5-S1 quantity requested: 1 is not medically necessary.

weight loss program quantity requested: 1: Upheld

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

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: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs were referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following

medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. [REDACTED] weight loss program quantity requested: 1 is not medically necessary.