

Case Number:	CM14-0020326		
Date Assigned:	04/25/2014	Date of Injury:	10/02/2012
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/18/2014

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 67-year-old male with a 10/2/12 date of injury. At the time (12/27/13) of request for authorization for cervical epidural steroid injection and [REDACTED] weight loss program, there is documentation of subjective (severe neck pain with stiffness, severe left shoulder pain with stiffness, and loss of sleep due to pain) and objective (weight of 341 pounds, BMI of 51.8; tenderness to palpation with spasms of the cervical paravertebral muscles, pain with cervical range of motion; and tenderness to palpation of the shoulders with pain upon Neer's and Hawkin's testing) findings, imaging findings (11/11/13 medical report's reported MRI of the cervical spine (12/17/12) report revealed disc protrusion that abuts the spinal cord producing spinal canal narrowing at C3-4; disc protrusion that indents the spinal cord producing spinal cord narrowing at C4-5; disc protrusion that abuts the spinal cord producing spinal canal narrowing and bilateral neural foraminal narrowing at C5-6; disc protrusion that abuts the spinal cord producing spinal canal narrowing and bilateral neural foraminal narrowing at C6-7; and disc protrusion with bilateral neuroforaminal narrowing at C7-T1; report not available for review), current diagnoses (cervical disc protrusion, cervical facet arthropathy, cervical muscle spasm, cervical foraminal narrowing, bilateral shoulder bursitis, bilateral shoulder impingement syndrome, and bilateral shoulder rotator cuff tear), and treatment to date (home exercises, medications, and physical modalities). In addition, medical report plan identifies a request for [REDACTED] weight loss program prior to shoulder surgery. Furthermore, 9/16/13 medical report plan identifies a request for cervical epidural injection at C7-T1 level. Lastly, 11/6/13 medical report identifies documentation of comorbid diagnoses of morbid obesity, hypertension, coronary artery disease, and diabetes. Regarding the requested cervical epidural steroid injection, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the

requested nerve root distribution, and an imaging report at the requested level. Regarding the requested [REDACTED] weight loss program, there is no documentation of a history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion, cervical facet arthropathy, cervical muscle spasm, and cervical foraminal narrowing. In addition, there is documentation of a plan identifying a request for cervical epidural injection at C7-T1 level. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of subjective (severe neck pain with stiffness) and objective (tenderness to palpation with spasms of the cervical paravertebral muscles and pain with cervical range of motion) findings, there is no specific (to nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of 11/11/13 medical report's reported imaging findings (MRI of the cervical spine identifying disc protrusion with bilateral neuroforaminal narrowing at C7-T10), there is no documentation of an imaging report at the requested level. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection is not medically necessary.

[REDACTED] WEIGHT LOSS PROGRAM: 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 http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The 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 morbid obesity, hypertension, coronary artery disease, and diabetes. In addition, there is documentation of a plan identifying a request for [REDACTED] weight loss program prior to shoulder surgery. Furthermore, there is documentation of a BMI of 51.8 kg/m and the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, and hypertension). However, there is no documentation of a history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] weight loss program is not medically necessary.