

Case Number:	CM14-0030690		
Date Assigned:	06/20/2014	Date of Injury:	04/27/2011
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 64-year-old female who reported an injury on 04/27/2011. The mechanism of injury was not provided. The injured worker reportedly sustained an injury to the lumbar spine and aggravated a pre-existing osteoarthritic condition of the right hand with a myofascial sprain of the cervical spine. The injured worker's treatment history included epidural steroid injections, work station modifications, and medications. The injured worker was evaluated on 01/27/2013. Physical findings included an antalgic gait with a straight leg raising test to the right and slightly positive to the left with tenderness to palpation of the lumbar spine. A request was made for an epidural steroid injection of the left side and a formal weight loss program. The injured worker's diagnoses included lumbar radiculopathy and osteoarthritis of the right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural: levels not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The requested lumbar epidural is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends repeat injections be based on at least 50% improvement for 4 to 6 weeks from the initial injection. The clinical documentation does indicate that the injured worker has previously undergone epidural steroid injections. However, the efficacy and duration of the relief was not provided. Additionally, the request as it is submitted does not clearly identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lumbar epidural is not medically necessary or appropriate.

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 Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested weight loss program is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend a weight loss program for patients who have failed to lose weight in a self-directed self managed nutritionally restricted diet and independent exercise program. The clinical documentation submitted for review does not provide any evidence that the injured worker has attempted any self-directed or self managed weight loss techniques. Therefore, the need for a supervised weight loss program is not indicated in this clinical situation. As such, the requested weight loss program is not medically necessary or appropriate.