

<b>Case Number:</b>	CM14-0037882		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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 injured worker is a 58-year-old male whose date of injury is 01/21/2009. The injured worker was in an elevator that dropped down causing him to strike his whole body against the elevator. Treatment to date includes 7-8 sessions of chiropractic care, 5 sessions of rehabilitative therapy, bilateral L4-5 and L5-S1 medial branch blocks on 04/09/13 with 70-80% relief, facet joint rhizotomy on 09/23/13 and medication management. An Office visit note dated 12/23/13 indicates that diagnoses are sleep disorder, cervicogenic headaches, peripheral neuropathy (non-industrial), morbid obesity (non-industrial), orthopedic injuries, and depressive disorder with anxiety. Lumbar magnetic resonance image dated 02/18/14 revealed at least moderate central stenosis at L3-4 through L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss with Lindora:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>.

**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.

**Decision rationale:** Based on the clinical information provided, the request for weight loss with Lindora is not recommended as medically necessary. The submitted record does not document the injured worker's body mass index. There is no indication that diet and independent exercise have been tried and failed. There are no measurable goals and objectives provided. Therefore, the requested program is not in accordance with Aetna plan and policy language and medical necessity is not established. The request is not medically necessary.

**Pain Management Consultation for the Lumbar Spine and Epidural Steroid Injection:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, For Independent Medical Examinations and Consultations regarding Referrals.

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

**Decision rationale:** There is no indication that the injured worker has undergone any recent active treatment. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by California Medical Treatment Utilization Schedule guidelines. Based on the clinical information provided, the request for pain management consultation for the lumbar spine and epidural steroid injection is not recommended as medically necessary.