

Case Number:	CM14-0153096		
Date Assigned:	09/23/2014	Date of Injury:	08/18/2012
Decision Date:	01/16/2015	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 57 year old female who sustained an industrial injury on 08/18/12 when she fell down a stairway. She was being treated for thoracic sprain, lumbar radiculopathy, cervical disc protrusion and headaches. The progress note from 08/25/14 was reviewed. Subjective complaints included constant low back pain rated at 6/10 with radiation into bilateral lower extremities and down into the feet, with associated numbness and tingling sensation, as well as spasms over the lumbar spine on the left side and the left rib cage. Pertinent objective findings included paraspinal spasms of lumbar spine, positive straight leg raising test, weakness at L4-L5 muscles and decreased sensation over the posterolateral calf. Diagnoses included disc herniation at L4-L5 with bilateral lower extremity radiculopathy. The progress note from 06/17/14 was also reviewed. She complained of headaches at 6/10, neck pain radiating to bilateral upper extremities at 5/10, mid back pain at 8/10, constant low back pain radiating to left lower extremity with numbness and tingling at 8/10. Pain was 9/10 without medications. Toradol was injected for flare up of pain. There is no clear documentation for the need for vitamin B12 injection. A request was also sent for weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guideline from the American College of Physicians

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: Obesity in adults, behavioral therapy, www.uptodate.com.

Decision rationale: The employee was a 57 year old female who sustained an industrial injury on 08/18/12 when she fell down a stairway. She was being treated for thoracic sprain, lumbar radiculopathy, cervical disc protrusion and headaches. The progress note from 08/25/14 was reviewed. Subjective complaints included constant low back pain rated at 6/10 with radiation into bilateral lower extremities and down into the feet, with associated numbness and tingling sensation, as well as spasms over the lumbar spine on the left side and the left rib cage. Pertinent objective findings included paraspinal spasms of lumbar spine, positive straight leg raising test, weakness at L4-L5 muscles and decreased sensation over the posterolateral calf. Diagnoses included disc herniation at L4-L5 with bilateral lower extremity radiculopathy. The progress note from 06/17/14 was also reviewed. She complained of headaches at 6/10, neck pain radiating to bilateral upper extremities at 5/10, mid back pain at 8/10, constant low back pain radiating to left lower extremity with numbness and tingling at 8/10. Pain was 9/10 without medications. Toradol was injected for flare up of pain. There is no clear documentation for the need for vitamin B12 injection. A request was also sent for weight loss program. The employee weighed 165 pounds during one of her previous visits. Her height was recorded to be 61 inches with a calculated BMI of 31. According to the above article, commercial weight loss programs can be expensive, sometimes employ very low calorie diets, and only occasionally has been evaluated in controlled clinical trials. Since the commercial programs do not carry any higher risk than other dietary programs, the patient and health care provider can select among programs, with the recommendation that programs with clinically demonstrated efficacy be the first choice. Systematic reviews are available for [REDACTED] and [REDACTED]. The review of medical records submitted for review showed no documentation that the patient tried an independent program of calorie restriction and increased physical activity prior to attempting a more expensive commercial weight loss program with very limited evidence based on peer reviewed literature. The request for weight loss program is not medically necessary or appropriate.

1 Retrospective Injection of Toradol 60mg and B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation American Family Physician Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin b

Decision rationale: The employee was a 57 year old female who sustained an industrial injury on 08/18/12 when she fell down a stairway. She was being treated for thoracic sprain, lumbar radiculopathy, cervical disc protrusion and headaches. The progress note from 08/25/14 was

reviewed. Subjective complaints included constant low back pain rated at 6/10 with radiation into bilateral lower extremities and down into the feet, with associated numbness and tingling sensation, as well as spasms over the lumbar spine on the left side and the left rib cage. Pertinent objective findings included paraspinal spasms of lumbar spine, positive straight leg raising test, weakness at L4-L5 muscles and decreased sensation over the posterolateral calf. Diagnoses included disc herniation at L4-L5 with bilateral lower extremity radiculopathy. The progress note from 06/17/14 was also reviewed. She complained of headaches at 6/10, neck pain radiating to bilateral upper extremities at 5/10, mid back pain at 8/10, constant low back pain radiating to left lower extremity with numbness and tingling at 8/10. Pain was 9/10 without medications. Toradol was injected for flare up of pain. There is no clear documentation for the need for vitamin B12 injection. A request was also sent for weight loss program. The UR letter certified Toradol and a non-certification was issued for vitamin B12 injection. The guidelines don't recommend vitamin B for chronic pain or peripheral neuropathy. The employee also didn't have a diagnosis of vitamin b12 deficiency. So the request for vitamin b12 is not medically necessary or appropriate.