

<b>Case Number:</b>	CM14-0060425		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 2009. In a Utilization Review Report dated April 28, 2014, the claims administrator failed to approve a request for an epidural steroid injection and a [REDACTED] program. Norco, Prilosec, Docuprene, Flexeril, Lidopro, and postoperative physical therapy were also denied. The claims administrator stated that its decision was based on a correspondence dated February 7, 2014, an RFA form dated December 13, 2013, and various other 2013 progress notes. The applicant's attorney subsequently appealed. In a December 23, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg, 7 to 10/10. The applicant was not working and had last worked in October 2012, i.e., over a year prior. The applicant was using Norco and Norflex for pain relief, it was acknowledged. Multiple medications were renewed, including Norco, Prilosec, Docuprene, Flexeril, and Lidopro cream. The applicant was asked to obtain a [REDACTED] three-month weight loss program. The applicant's height, weight and body mass index (BMI) were not furnished. Epidural steroid injection therapy was sought. It was not stated whether or not the applicant had or had not had previous epidural steroid injections. The attending provider did suggest that the injections were being performed for diagnostic and/or therapeutic effect. In a December 18, 2013 office visit, the attending provider stated that the applicant was unable to return to work and should be deemed a qualified injured worker. Permanent work restrictions were outlined. The applicant was described as having a lumbar MRI of February 8, 2013, demonstrating moderate neural foraminal narrowing at the L4-L5 level with associated left lateral recess stenosis. Some diminution in left lower extremity strength was appreciated on exam with hyposensorium also appreciated about the left leg. Multiple medications included Norco, Docuprene, Terocin and omeprazole were renewed.

The remainder of the file was surveyed. There was no explicit mention of the applicant's having had epidural steroid injection therapy, although the attending provider did note on January 22, 2014, that he felt that it would be reasonable for the applicant to try an epidural steroid injection following an earlier microdiscectomy at the L4-L5 level on October 11, 2012. The attending provider felt that this epidural injection could play diagnostic and potentially a therapeutic role. Persistent complaints of low back and left leg pain were appreciated with some weakness appreciated about the left leg on exam. The [REDACTED] weight loss program was again sought; however, the applicant's height, weight, and BMI were not reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Transforaminal Epidural Steroid injection left Lumbar 4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position on ESI therapy, noting, however, that up to two diagnostic blocks can be endorsed. Here, the request in question does seemingly represent a diagnostic block, as the applicant has not had any epidural steroid injection therapy since undergoing earlier lumbar microdiscectomy surgery at the level in question, L4-L5, in late 2012. An epidural steroid injection at the previously-operated-upon level, L4-L5, thus, could potentially play a diagnostic (and potentially therapeutic) role given the applicant's persistent left lower extremity radicular complaints. Therefore, the request is medically necessary.

#### **[REDACTED] Program 3 month trial: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Diet Association, 2007 October, 1755-67, Weight loss outcomes: a systematic review and meta-analysis of weight loss clinical trials

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of the applicant-specific risk factors such as weight loss may be "less certain, more difficult, and possibly less cost effective." In this case, the attending provider did not furnish any applicant-specific rationale which would augment or offset the tepid-to-unfavorable ACOEM position on the article at issue. Basic information such as the applicant's

height, weight and BMI and response to self-directed methods of weight loss, for instance, were not attached to any of the progress notes or RFA forms at issue. Therefore, the request is not medically necessary.