

Case Number:	CM15-0192675		
Date Assigned:	10/06/2015	Date of Injury:	07/18/2001
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 18, 2004. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for topical ketoprofen, medial branch blocks, and a medically-supervised weight loss program. The claims administrator referenced a July 22, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was described as having stated diagnoses of lumbar stenosis, facet hypertrophy of the lumbar spine, degenerative disc disease of the lumbar spine, worsening radiculopathy, and vacuum disc phenomenon at L5-S1, superimposed on issues with right knee arthralgias. The attending provider stated that he was seeking authorization for a lumbar decompression surgery at L4-L5 and L5-S1, noting that a medical-legal evaluator had endorsed the same. A weight loss program, weight loss evaluation, gym membership, pain psychology follow-up visits, a general orthopedic follow-up visit, bone scan to assess the integrity of knee prosthesis, pain management consultation and medial branch blocks were all sought. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. 9/10 pain complaints were noted. The applicant's height, weight, and BMI were not clearly reported on this date. On June 10, 2015, the applicant was described as using Norco, Naprosyn and Senna, it was stated. The attending provider reiterated his request for a gym membership, weight loss evaluation, pain psychology follow-up visits, physical therapy, medial branch blocks, and a pain management consultation. Lumbar decompression surgery at L4-L5 and L5-S1 was also sought. The applicant

reported ongoing complaints of low back pain with paresthesias about the right leg. The attending provider suggested (but did not clearly state) that the applicant was not working with permanent limitations in place on this date. The applicant was using a corset, cane, and a walker, it was reported. Once again, the applicant's height, weight, and BMI were not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically Supervised Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: No, the request for a medically-supervised weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be "less certain, more difficult and possibly less cost effective." The attending provider failed to furnish a clear or compelling rationale for pursuit of this particular weight loss in the face of the tepid unfavorable ACOEM position on the same. The attending provider did not, moreover, furnish much in the way of supporting information for the program. The program duration, quantity, and components were not clearly described or characterized. The applicants' height, weight, and BMI were likewise not reported on multiple office visits, referenced above, including those dated August 26, 2015 and June 10, 2015. Therefore, the request was not medically necessary.

Medical Branch Block L4-L5 Bilaterally for facet arthropathy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

Decision rationale: Similarly, the request for an L4-L5 medial branch block for facet arthropathy was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomy should only be performed after appropriate investigations involving diagnostic medial branch blocks, this recommendation is, however, qualified by the position set forth in a more updated Medical Treatment Guideline in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter which notes on page 604 that diagnostic facet joint injections (AKA medial branch blocks) are not recommended in the treatment of radicular pain syndromes. Here, the attending provider stated on August 26, 2015 and June 10, 2015 that the applicant was having lower extremity paresthesias. The applicant was described as having "worsening radiculopathy" and "lumbar stenosis" at L4-L5 and L5-S1, it was reported on those dates. The applicant was apparently contemplating, a lumbar decompression surgery on those dates. The medial branch blocks at issue, thus, were not indicated in the radicular pain context present

here, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.

Ketoprofen 20% cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Finally, the request for a Ketoprofen cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Ketoprofen is not FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for provision of the Ketoprofen-containing cream in question in the face of the unfavorable MTUS and FDA positions on the same. Therefore, the request was not medically necessary.