

Case Number:	CM15-0083388		
Date Assigned:	05/05/2015	Date of Injury:	06/14/2014
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 injured worker is a 28 year old female patient who sustained an industrial injury on 06/14/2014. She had initial complaint of onset of pain to the lower back and bilateral lower extremities. She was referred for therapy, and diagnostic testing to include magnetic resonance imaging of lumbar spine. A primary treating office visit dated 01/14/2015 reported the patient with subjective complaint of experiencing frequent sharp, dull, aching, numbing, and shooting, tightness, and throbbing, diffused and tingling pain in the lower back. The pain is noted with some resolve after undergoing chiropractic therapy. She is reporting having had bent over yesterday and felt a "crack" with increased low back pain and also increased numbness at the left large toe. She has improved ranges of motion, lumbar spine, but continues with substantial pain. She is now complaining of interscapular pain that radiates to the left anterior shoulder and also to the left upper extremity. She is using a walker for assistance, and is now driving herself. She has difficulty placing full weight bearing on the right leg. The following diagnoses are applied: lumbar spine sprain/strain, exacerbation; lumbar disc herniation and annular tear, and lower extremity pain radiation, now involving bilateral lower extremities. The plan of care involved: recommending an orthopedic consultation. She may return to modified work duty. A primary treating office visit dated 09/12/2014 reported the patient's condition is showing improvement with the initial 6 sessions of chiropractic care; appears to be gradually resolving. The following diagnoses are applied: lumbar spine sprain/strain; lumbar disc herniation and annular tear; lower extremity pain and radiation, and unspecified anxiety and depression. The pan of care noted: additional chiropractic sessions, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic re-eval c/o [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90, Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; 8) No more than 2 ESI injections. The available documentation does not support the need for an additional ESI. The injured worker had an ESI to the lumbar region in Feb of 2015 with a return of significant pain within 7 days. There was no documentation of significant pain relief or increase in function. Per available records this request for an orthopedic re-eval is for an additional ESI. The ESI is not determined to not be medically necessary therefore the request for orthopedic re-eval c/o [REDACTED] is determined to not be medically necessary.

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 The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss programs. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for weight loss program is determined to not be medically necessary.

Lumbar epidural steroid injection with [REDACTED]: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; 8) No more than 2 ESI injections. The available documentation does not support the need for an additional ESI. The injured worker had an ESI to the lumbar region in Feb of 2015 with a return of significant pain within 7 days. There was no documentation of significant pain relief or increase in function. The request for Lumbar epidural steroid injection with [REDACTED] is determined to not be medically necessary.