

<b>Case Number:</b>	CM14-0213533		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male with a 3/8/11 injury date. The mechanism of injury was described as being crushed between a jack and a ballard. In a 4/14/14 note, it was indicated that the patient has had several lumbar epidural steroid injections (LESI), most recently on 5/22/13 and 6/19/13. The patient was able to come off all of his pain medications two months later. In an 11/5/14 note, the patient continues to complain of 2/10 pain in the knee and lower back. Objective findings included obesity, reduced lumbar range of motion, positive straight leg raise test bilaterally, unsteady gait, and left lower extremity weakness. The provider recommended "right knee surgery, additional LESI's, and a structured weight loss program." The patient indicated that he did not want surgery at this time. Diagnostic impression: lumbar discogenic syndrome, L5-S1 herniated disc, bilateral knee osteoarthritis, obesity, reflex sympathetic dystrophy. Treatment to date: medications (but no pain meds at this time) and epidural steroid injections. A UR decision on 11/20/14 denied the requests for diagnostic epidural steroid injections at L5-S1, lumbar epidural steroid injection, lumbar epidural sympathetic injection, weight loss program, right knee surgery, and left leg vascular studies. However, the rationale for each denial was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic epidural steroid injections at L5, S1 #2.: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Epidural steroid injection, diagnostic

**Decision rationale:** CA MTUS does not address this issue. Specifically regarding diagnostic injections, ODG states that when epidural steroid injections are used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. However, the patient has a history of several effective LESI's, and an established diagnosis of L5-S1 herniated disc. It is unclear from the documentation why a diagnostic, as opposed to a therapeutic, LESI is necessary at this point. Therefore, the request for diagnostic epidural steroid injections at L5, S1 #2 is not 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA.

**Decision rationale:** CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, there is no connection between the obesity and the industrial injury or its treatment. Additionally, there is no scientific proof that weight loss is medically necessary to

treat complaints of back pain or post-operative ankle injuries. Issues of causation must be referred to the claims adjuster. Utilization Review must make determinations based solely on medical necessity. In this case, there was no documented BMI or a height and weight with which a BMI could be calculated. There was no indication why the patient needed a structured weight loss program as opposed to [REDACTED] or [REDACTED]. Therefore, the request for weight loss program is not medically necessary.

**Right knee surgery:** 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 Official Disability Guidelines (ODG): Knee Chapter--Knee arthroplasty

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, there was no indication in the documentation of what type of surgery was being requested. Although the patient may be a candidate for total knee replacement, there was no detailed physical exam of the right knee and no summary or discussion of previous conservative treatment of the right knee. In addition, there was no documented BMI or a height and weight with which a BMI could be calculated. Therefore, the request for right knee surgery is not medically necessary.

**Arterial and venous vascular studies of the left leg:** 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 Official Disability Guidelines (ODG): Knee Chapter--Venous thrombosis

**Decision rationale:** CA MTUS does not address this issue. ODG states that patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). However, there was no documentation of the reason for this request or a specification of the type of study (ultrasound vs. angiogram). In addition, there was not a detailed physical exam sufficient to support the medical necessity of this study. Therefore, the request for arterial and venous vascular studies of the left leg is not medically necessary.

**Lumbar Epidural Steroid Injection (LESI):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is not enough information to support an additional LESI at this time. There was no imaging study or discussion of an imaging study that would show nerve root impingement. In addition, the physical exam was not detailed enough to show evidence of continued radiculopathy at a specific nerve root level. There was no discussion or summary of previous conservative treatment. Therefore, the request for lumbar epidural steroid injection (LESI) is not medically necessary.

**Lumbar epidural sympathetic injections:** 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 Chronic Pain Treatment Guidelines Page(s): 55-58.

**Decision rationale:** CA MTUS states that lumbar sympathetic blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement and followed by intensive physical therapy. However, there was not enough information in the documentation to establish a diagnosis of CRPS. In addition, there was no discussion or summary of previous conservative treatment. Therefore, the request for lumbar epidural sympathetic injections is not medically necessary.