

<b>Case Number:</b>	CM14-0214748		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/30/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 30, 2011. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve requests for an epidural injection, a Botox injection, and medically supervised weight loss program. The claims administrator noted that the applicant had undergone various treatments over the course of the claim, including a knee meniscectomy surgery, an epidural steroid injection, eight sessions of physical therapy, and a gastric bypass. The claims administrator stated that the applicant's BMI was 39. Non-MTUS ODG guidelines were invoked to deny the Botox injection. The applicant's attorney subsequently appealed. In a December 30, 2014 progress note, the applicant reported persistent complaints of back pain, knee pain, hip pain, and ankle pain. The applicant stated that her hip trochanteric bursa injection had provided only fleeting pain relief. Highly variable pain ranging from 9-10/10 was appreciated. The applicant was on Norco, Ambien, Flexeril, and Neurontin. The applicant's stated diagnosis included chronic knee pain, chronic back pain, history of gastric bypass, and right hip trochanteric bursitis. The applicant was given refills of Norco, Ambien, Flexeril, and Neurontin. The attending provider went on to appeal previously denied Botox injection. The applicant was having difficulty performing activities of daily living as basic as ambulating, the attending provider acknowledged, despite reporting some reduction in pain scores from 9/10 without medications to 6/10 with medications. The claimant was not working, the attending provider acknowledged. In an earlier note of December 3, 2014, the attending provider again acknowledged that the applicant was not working. The applicant was

given a hip greater trochanteric bursa injection. The applicant had received recent epidural injection. Norco, Neurontin, Ambien, and Flexeril were renewed. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. In an earlier note dated November 21, 2014, the attending provider appealed Botox injection, physical therapy, and a weight loss program. The attending provider took exception to the Utilization Review denial of various services. On November 4, 2014, the attending provider stated that he was pursuing a repeat epidural steroid injection, noting that the applicant had received at least one prior epidural steroid injection in late 2013. The attending provider stated that previous epidural steroid injection was beneficial but acknowledged that the applicant was not working with the rather proscriptive work restrictions in place. The applicant was using seven tablets of Norco daily, Ambien nightly, Flexeril up to twice or thrice daily, and Neurontin.

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

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

#### **Epidural Injection Left side L4-5: Upheld**

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

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

**Decision rationale:** The request in question does represent a repeat or renewal epidural injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant failed to profit from an earlier epidural block. The applicant remained off of work. The applicant's rather proscriptive work restrictions were renewed from visit to visit, effectively resulting in the applicant's removal from the workplace. The applicant remained dependent on various opioid and nonopioid medications, including Norco and Neurontin. All of the foregoing, taken together, suggests a lack of lasting benefit or functional improvement as defined in MTUS 9792.20f with earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

#### **Botox injection 300 units: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended for chronic low back pain as an option, in conjunction with a functional restoration program, in this case, however, the applicant

was/is off of work. The applicant has apparently not worked in several years. Work restrictions remain in place, seemingly unchanged, from visit to visit, The applicant remains dependent on opioid agents such as Norco, which is apparently being employed at a rate of seven times daily, per a November 4, 2014 office visit. The Botox injections, in short, are not being employed or sought in conjunction with or in the context of the program of functional restoration as there is no evidence that either the attending provider or the applicant is intent on employing the proposed Botox injection to facilitate improvements in activity, work status, or overall functional capacity. Therefore, the request was not medically necessary.

**Physical therapy x 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work. Work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco, which was being used at a rate of seven times daily as of November 4, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**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 [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)

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

**Decision rationale:** 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.” Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. The attending provider did not outline efforts the applicant had made to lose weight of her own accord. Therefore, the request was not medically necessary.