
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

8/31/2009

7/12/2013

CM13-0001260

- 1) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection at L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Weight Watchers weight loss program **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection at L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Weight Watchers weight loss program **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013

"CLINICAL SUMMARY:

██████████ is a 51 year old with a date of injury on 08/31/09. The carrier has accepted the claim for Lumbar/sacral vertebrae, physical/mental, internal organs.

PRIOR UR: None found

DIAGNOSTICS:

05/21/10 MRI L-spine: There are degenerative disc and vertebral joint changes of the lower lumbar spine. 2, L-4-L5: Correlation advised for probable impingement of the right exiting L4 root. 3 L5-S1: There is impingement of the right and probably the left exiting L5 roots. There is questionable impingement of the bilateral S1 roots.

PRIOR SURGERY/PROCEDURES;

None found in document submitted for review

MEDICAL RECORD SUMMARY:

06/10/13 ██████████, M.D.: Subjective: The patient comes back to us today regarding her lumbar spine. She is having worsening pain. She is using a cane. It is radiating down to her right lower extremity. She indicates she had 3 injection several years ago. They were very helpful for her. Objective: On physical examination, she is ambulating with a cane. She has decreased range of motion of the lumbar spine with stiffness. Plan: ITEM 1. Injection-epidural L5-S1 QTY: 1.00. ITEM 2. Weight watchers weight loss program QTY: 1.00."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/12/13)
- Utilization Review Determination (dated 7/12/13)
- Employee medical records from [REDACTED] MD (dated 6/25/12-6/10/13)
- Employee medical records from [REDACTED] MD (dated 2/8/13-12-26-12)
- Employee medical records from [REDACTED] (dated 2/5/13)
- Employee medical records from [REDACTED] (dated 1/24/13)
- Employee medical records from [REDACTED] (dated 11/27/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, 46-47

1) Regarding the request for epidural steroid injection at L5-S1:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 46, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the low back on 8/31/09. The medical records provided for review indicate treatment has included analgesic medications; lumbar MRI of May 21, 2010, notable for impingement of the L5-S1 nerve roots and exiting L4 nerve roots; prior epidural steroid injections in 2010; and work restrictions. The medical report of 6/26/13 indicates the employee is experiencing low back pain radiating to the right leg, is ambulating with a cane, and exhibiting decreased range of motion with stiffness. The request is for epidural steroid injection at L5-S1.

MTUS Chronic Pain guidelines state that there should be clear evidence of functional improvement from prior epidural steroid injection therapy before additional treatment is sought. The medical records provided for review indicate prior unspecified amounts of epidural steroid injections; however, there is no documentation of functional improvement following those injections. The medical records reviewed do not document clear clinical evidence of radiculopathy corroborated by findings on physical exam. The request for epidural steroid injection at L5-S1 **is not medically necessary and appropriate.**

2) Regarding the request for Weight Watchers weight loss program:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on an article in the Journal of the American Dietetic Association (October 2007) 107(10): 1755-67. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found The Medical Treatment Utilization Schedule (MTUS) does not address the issue at dispute. The Expert Review found no evidence-based medical treatment guideline applicable to the issue at dispute. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Review based his/her decision on the Aetna Clinical Policy Bulletin, Number 0039, a nationally-recognized professional standard which is not part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the low back on 8/31/09. The medical records provided for review indicate treatment has included analgesic medications; lumbar MRI of May 21, 2010, notable for impingement of the L5-S1 nerve roots and exiting L4 nerve roots; prior epidural steroid injections in 2010; and work restrictions. The medical report of 6/26/13 indicates the employee is experiencing low back pain radiating to the right leg, is ambulating with a cane, and exhibiting decreased range of motion with stiffness. The request is for Weight Watchers weight loss program.

Based on Aetna Clinical Policy Bulletin (0039), criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. The medical records reviewed do not document the employee's weight and/or BMI. There is no documentation of what attempts have been made to lose weight, and no documentation of comorbidities meeting the criteria for a weight loss program. The request for Weight Watchers weight loss program **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.