

Case Number:	CM13-0018886		
Date Assigned:	01/15/2014	Date of Injury:	03/16/2011
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31 year-old female who was injured on 8/16/13. She has been diagnosed with low back pain, and sciatica. According to the 8/16/13 chiropractic report from [REDACTED], the patient presents with 1/10 low back pain, present 26-50% of the day. The plan was to follow-up with [REDACTED] for pain medications, and to have a [REDACTED] evaluation for weight loss, and for psych evaluation for depression and chronic pain. On 8/22/13 UR denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, pg.127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), Chapter 7 PAGE 127

Decision rationale: Medications are not in the chiropractic scope, and ACOEM states a referral can be made when "the plan or course of care may benefit from additional expertise." Based on

the medical records provided for review the patient presents with low back pain, and a chiropractic referral to a medical physician for medications are in accordance with ACOEM guidelines. The request for a follow up with [REDACTED] is medically necessary and appropriate.

EVALUATION WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA- Weight Reduction Medications and Programs.

Decision rationale: The MTUS/ACOEM and ODG do not discuss necessity of [REDACTED] for obesity. Aetna Clinical Policy Bulletin was consulted. Aetna states treatment of obesity is medically necessary when the BMI is over 30 kg/m². The patient meets Aetna criteria for weight loss medications, and for a medically supervised weight reduction program, but Aetna specifically states that [REDACTED] or similar programs are excluded. The request for [REDACTED] evaluation is not in accordance with Aetna guidelines. The request for a evaluation with [REDACTED] is not medically necessary and appropriate.

PSYCH EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for psychological evaluations state: "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The request is in accordance with MTUS guidelines. The request for a psych evaluation is medically necessary and appropriate.