

Case Number:	CM13-0020580		
Date Assigned:	12/11/2013	Date of Injury:	09/11/2000
Decision Date:	02/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 applicant is a represented [REDACTED], employee who has filed a claim for neck pain, low back pain, and obesity reportedly associated with an industrial injury of September 11, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a Utilization Review Report of August 27, 2013, the claims administrator denied a request for a weight loss program, cervical MRI, and lumbar MRI. It is stated that the applicant had earlier MRI imaging in 2000 and had reportedly gained 30 to 40 pounds since the date of injury. The applicant's attorney appealed a denial. A progress note of August 13, 2013 is notable for comments that the applicant reports 6 to 7/10 neck pain radiating to the right arm and 8 to 9/10 low back pain radiating to the right leg. The applicant's last cervical MRI was in 2000, it is stated. She has gained 30 to 40 pounds, although her weight is not clearly stated. Upper extremity sensorium is intact. Upper extremity strength is scored at 5/5. In another section of report, it is stated that generalized reduced sensation is noted on the right. The applicant also exhibits normal 5/5 strength about the bilateral lower extremities. It is stated that there is somewhat diminished right lower extremity sensorium. Open MRI imaging of the cervical and lumbar spines is sought owing to the fact that the applicant is reportedly claustrophobic. A weight loss program is also endorsed. The applicant is asked to follow up on as-needed basis. Permanent work restrictions are again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8 do support MRI and/or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clearly evident neurologic compromise noted on the most recent office visit. Some sections of the report state that the applicant's right upper extremity sensorium is diminished while the other sections of the report states that the applicant's right upper extremity sensorium is intact. The applicant is described as having normal motor function about the bilateral upper extremities. There is no evidence that the applicant would consider a surgical remedy were it offered to her. MRI imaging is superfluous in this context. Therefore, the request is not certified.

Open MRI lumbar spine: 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.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider surgery as an option were it offered to them. In this case, however, there is no unequivocal evidence or neurologic compromise appreciated on the August 13, 2013 office visit. The applicant was described as exhibiting 5/5, well preserved lower extremity strength. There is no evidence that the applicant would consider surgery were it offered to her. She is asked to follow up on an as-needed basis, implying that she is not a surgical candidate. For all of these reasons, then, the request is not certified.

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 aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs, number: 0039

Decision rationale: The MTUS does not address the topic. As noted by AETNA, a National Organization with affiliates in one or more states, weight loss programs are considered medically necessary in those applicants who have a BMI greater than or equal to 30, who have failed to lose weight at least one pound a week after at least six months on a weight loss regimen including low-calorie diet, increased physical activity, and behavioral therapy. Alternatively, those applicants with a BMI greater than 27 with comorbidities such as coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes would likewise qualify if they, too, fail to lose weight through conventional dieting, exercises, and behavioral therapy for six months. In this case, however, the applicant's height, weight, and BMI were not clearly documented or detailed in any recent progress notes provided. The August 13, 2013 office visit in which the request was initiated did not document the applicant's height or weight. For all of these reasons, the request is not certified. Since the MTUS does not address the topic, alternate Nationally Recognized Guidelines were selected, consistent with the principle articulated in MTUS 9792.20J.