

Case Number:	CM13-0023945		
Date Assigned:	03/26/2014	Date of Injury:	02/09/2004
Decision Date:	04/30/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/13/2013

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 Preventive 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 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:

According to the records made available for review, this is a 57-year-old male with a 2/9/04 date of injury. At the time (8/2/13) of request for authorization for smoking cessation program, there is documentation of subjective (low back pain radiating to the hips and lower extremities with numbness and tingling) and objective (tenderness to palpation over the lumbar spine, decreased and painful range of motion, decreased patellar and Achilles reflexes bilaterally, and decreased sensation over the left lower extremity in the S1 dermatome distribution) findings, current diagnoses (lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar decompression and fusion, and chronic pain syndrome), and treatment to date (lumbar decompression and fusion, physical therapy, and medications). Medical report identifies tobacco habit that includes 1 pack per day and that an ongoing education program for smoking cessation has been initiated. There is no documentation of a history of lung cancer, a pending surgery/operation, and that the patient wants to stop smoking for good.

IMR ISSUES, DECISIONS AND RATIONALES

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

SMOKING CESSATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Titled "Smoking Cessation Services in Primary Care, Pharmacies, Local Authorities and Workplace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Background and the National Guideline Clearinghouse Article "Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard t

Decision rationale: MTUS reference to ACOEM guidelines identifies that strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective. ODG identifies that smoking cessation after curative intent therapy to prevent recurrence of lung cancer is strongly supported by the available evidence. Medical Treatment Guideline identifies documentation of a pending surgery/operation and that a patient wants to stop smoking for good, as criteria necessary to support the medical necessity of smoking cessation program. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar decompression and fusion, and chronic pain syndrome. In addition, there is documentation of a tobacco habit that includes 1 pack per day and that an ongoing education program for smoking cessation has been initiated. However, there is no documentation of a history of lung cancer, a pending surgery/operation, and that the patient wants to stop smoking for good. Therefore, based on guidelines and a review of the evidence, the request for smoking cessation program is not medically necessary.