MAXIMUS Federal Services

Case Number:	CM13-0026051		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2004
Decision Date:	02/12/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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 patient is a 64 year-old, 5'6", 244 lbs, female with several industrial and non-industrial injuries extending back through 1995. This review pertains to the 4/22/04 injury which is a cumulative trauma claim involving at least the lower back. The IMR application shows a dispute with the 8/29/13 UR decision. The 8/29/13 UR decision is by [redacted] and was to modify PT 2x4 to allow 2 sessions of PT; and to deny localized intensive neurotransmitter therapy 2x3 and a consultation for weight loss surgery. The UR letter was based on the 7/22/13 medical report from [redacted]. The 7/22/13 report from [redacted] shows the diagnosis as obesity and spinal discopathy. The 11/12/13 AME report from [redacted] notes multiple claims involving: right knee, low back, left shoulder, neck, left knee both hands both wrists, both buttocks, legs, feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) for spine two times a week for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: There is no reporting of outcome of prior PT, but it also appears that she has not had PT in 2013 until the 2 sessions were approved by UR in August. The initial PT note is dated 9/13/13; the therapist evaluated the patient, and trained her for some home exercises. The follow-up PT sessions was on 9/20/13, the patient had been compliant with the HEP, and was slightly more sore as a result, but also felt she could move better and bend forward more. MTUS guidelines recommend 8-10 sessions of PT for various and unspecified myalgias and neuralgias. The request for 8 additional PT sessions appears to be in accordance with MTUS guidelines.

. Localized intensive neurotransmitter therapy for spine two times a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Passive Modalities

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request is for" localized intense neurotransmitter therapy 2x3". There is no description or rationale provided for this type of therapy. It is not known if this is a passive therapy or not. Without a description of the device or therapy, it is not known what guideline it could be compared to. I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand, but realizing that "neurotransmitter" is not what was denied on UR, I also researched under Localized intense "neurostimulation "and "neuromodulation" and was unable to find a guideline. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (E) generally accepted standards of medical practice. Localized intense neurotransmitter therapy is not an accepted standard of care in the workers compensation community, or in general medical practice.

Consultation for weight loss surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Obesity Surgery.

Decision rationale: According to the 11/12/13 AME report by [redacted], the patient was seen by [redacted] on 8/3/12 and a lap-band surgery was recommended, but the patient declined because it was too invasive. It was stated that she had too many medical issues for the surgery. It is not clear what the medical issues were or if they have been resolved. It is not known if the patient changed her mind about the surgery. MTUS and ACOEM did not specifically discuss weight-loss surgery. Aetna Clinical Bulletins do provide guidelines for obesity surgery. The patient meets the first criterion of BMI over 35 with Diabetes. But, there is no indication that the patient met the other criteria including: "Member has attempted weight loss in the past without successful long-term weight reduction;" or "Member has participated in physician-supervised nutrition and exercise program" The patient has not met the criteria for weight loss surgery, and there is no discussion on the patient's motivation to lose weight or proceed with the surgery that she felt was too invasive on 8/3/12