

Case Number:	CM13-0028453		
Date Assigned:	11/27/2013	Date of Injury:	12/22/2010
Decision Date:	01/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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, 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 57-year-old male who reported an injury on 12/22/2010 after to being placed in a choke hold. The patient had a history of motor vehicle accidents involving neck injuries. The patient was initially treated with physical therapy and medications. The most recent clinical evaluation indicates that the patient receives 50% improvement with trigger point injections. The patient complained of 5/10 cervical neck pain that is exacerbated by movement and depression rated at a 7/10 to 8/10. Physical findings included positive neck compression test, decreased sensation in the C6 and C7 dermatomes, and decreased grip strength of the left hand, and decreased plantar flexion of the left foot. The patient's diagnoses included chronic myofascial pain syndrome, cervical radiculopathy, and chronic impingement syndrome of the bilateral shoulders. The patient's medications included tramadol 37.5/325 mg, Mirtazapine 15 mg 2 tablets every night, Cyclobenzaprine 7.5 mg twice a day, and Omeprazole 20 mg twice a day. It was noted that the patient had a 25 low back weight gain since the time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindora Weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45.

Decision rationale: The requested Lindora weight loss program is not medically necessary or appropriate. Though it, it is documented that the patient has had a weight gain since the time of the injury, there is no documentation that the patient is failing to attempt self management of the patient's weight gain. As there is no indication that the patient has failed to self manage a home exercise program and dietary management, there is no support for a supervised weight loss program. The American College of Occupational and Environmental Medicine states, "Instruction in self care methods is critical for ongoing self management. For patients with specific more common conditions, the use of explanation of overall norms and medians for length of disability may be helpful in including the patient in decision making processes."

Aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Thereapy Page(s): 22.

Decision rationale: The requested aquatic therapy is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has continued pain resulting from the patient's compensable injury. However, California Medical Treatment Utilization Schedule recommends aquatic therapy as an alternative to land based therapy when there are indications for the need for reduced weight bearing. Although the clinical documentation submitted for review does indicate that the patient has gained 25 pounds since the injury, there is no indication of an inability to participate in land based therapy. Additionally, there is no indication that the patient is participating in a home exercise program. The need for additional supervised physical therapy is not established. As such, the requested aquatic therapy is not medically necessary or appropriate.

Mirtazapine 15mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Antidepressants for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The requested Mirtazapine 15 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Although antidepressants are usually a first line option for pain management, the most recent clinical documentation does not provide any evidence of positive outcomes related to this medication.

There is no indication that the patient has had a decrease in pain, or increased functional benefit. As such, the requested Mirtazapine 15 mg is not medically necessary or appropriate.