MAXIMUS Federal Services

Case Number:	CM13-0028467		
Date Assigned:	11/27/2013	Date of Injury:	06/21/2009
Decision Date:	06/06/2014	UR Denial Date:	08/23/2013
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 Anesthesia and has a subspecialty Certificate in Acupuncture and Pain 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:

49 year old female injured worker with date of injury 6/21/09. She is status post fusion of L4-S1 3/20/12. She is diagnosed with failed back surgery syndrome with intractable pain, and chronic myofascial pain syndrome, thoracolumbar spine. CT scan dated 6/3/13 showed no signs of pseudarthrosis. MRI of the lumbar spine performed 3/11/13 showed degenerative disc disease at L4-L5 and L5-S1 with extruded disc L4-L5 left and degenerative facet disease. She has been treated with physical therapy, trigger point injections, epidural block, and medications including opiates and muscle relaxants. Per 12/2/13 progress report, the injured worker states her constant intractable upper and lower back pain has been well controlled with her current medications and trigger point injections, but feels that her pain and discomfort impacts her general activity and enjoyment of life, including her ability to concentrate and interact with other people. She reports having trouble sleeping and being anxious and depressed. She is not currently working. The date of UR decision was 8/23/13. The latest document available for this review was dated 12/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ODG Gym memberships.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Review of the submitted records reveals no documentation of an inability to perform land-based physical therapy or exercise, or an indication that reduced weight bearing is necessary. Since a clear indication for aquatic therapy is not present, by extension, there would be no need for a pool membership. As such, the request cannot be recommended and is not medically necessary.

Weight Management: Overturned

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 "Pilot evaluation of a multidisciplinary, medically supervised, nonsurgical weight loss program on the severity of low back pain in obese adults" by Roffey DM, Ashdown LC, Dornan HP, Creech MJ, Dagenais S, Dent RM, Wai SK; PubMed; .com.

Decision rationale: The MTUS is silent on weight management clinics. However, the MTUS does state "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." The UR physician states "A weight loss program is not indicated as there is nothing complex about weight gain: it is an imbalance between caloric intake and physical expenditure. To gain weight, the claimant took in too much and did not exercise enough. To lose weight, she just has to do the opposite. This is very simple and one does not require a weight loss program to gain this insight." There is no evidence quoted to support the UR physician's insight. In an appeal to this request dated 6/27/13, the primary treating physician states that the injured worker "has attempted to lose weig ht in the past without any success. She requires professional supervised help to lose weight." He then references a study published in PubMed that suggested that a 52-week multidisciplinary, medically supervised, nonsurgical weight loss program in obese patients with lumbar back pain improved both pain and function. A review of the weight loss program suggests that it is a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. As the evidence suggests that the injured worker may improve in both pain and function, the request is medically necessary.