MAXIMUS Federal Services

Case Number:	CM13-0030722		
Date Assigned:	11/27/2013	Date of Injury:	09/26/2011
Decision Date:	02/11/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 has chronic low back pain reportedly associated with an industrial lifting injury of September 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, muscle relaxants, topical compounds, and extensive periods of time off of work. The applicant is described as possessing normal, 5/5 lower extremity strength. The applicant's blood pressure is elevated at 161/104. Cranial nerve testing is intact. The applicant's gait is not detailed. He is on Norco, Flexeril, Voltaren, and Medrox. The applicant has specifically denied any personal history of heart disease, diabetes, hypertension, or dyslipidemia. A clinical progress note of August 12, 2013 is notable for comments that the applicant currently weighs 257 pounds. The applicant's formerly weighed as much as 316 pounds. He has been exercising and eating healthy. On previous visits, he weighed 265 pounds, 272 pounds, and 281 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for aqua therapy three (3) times a week for four (4) weeks (duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of aquatic therapy as an optional form of exercise therapy, where available, in those applicants who are unable to participate in land-based therapy and/or land-based exercises. For instance, in those applicants with extreme obesity. However in this case, the applicant's gait has not been clearly described on the most recent office visit and there is no mention that the applicant is having difficulty participating in land-based therapy or land-based exercises. It is further noted that the applicant has apparently successfully lost 59 pounds from his maximum weight of 316 pounds. For all of these reasons, then, the request for aquatic therapy is not certified.

The request for a medically managed weight loss program (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Section on Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Section on Weight Reduction Medications and Programs.

Decision rationale: The MTUS does not specifically address the topic. In this case, AETNA is a National Organization with affiliates based in two or more States. AETNA states that medically managed weight reduction programs and/or weight reduction medications are considered medically necessary in those applicants with a BMI greater than or equal to 30 who have failed to lose at least one pound per week after at least six months on a weight loss regimen including caloric restrictions, increased physical therapy activity, and behavioral therapy. In this case, however, the applicant does not seemingly meet these criteria. Specifically, the applicant has been successful at self-directed efforts to lose weight. The applicant has reportedly lost 59 pounds through conventional dieting and exercise. It appears that the applicant is on the road to maintaining an appropriate body habitus/body weight without the need for formal medically managed weight loss program. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.