MAXIMUS Federal Services

Case Number:	CM13-0033394		
Date Assigned:	12/11/2013	Date of Injury:	02/11/2010
Decision Date:	03/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 General Surgery, and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 02/11/2010. The patient reported ongoing back pain with left-sided groin pain, buttock pain, and thigh pain. The patient also reported upper extremity symptoms radiating from the cervical spine. Physical examination revealed 5/5 motor strength, no neurological deficits, and no weakness. Treatment recommendations included referral to a weight loss counselor, a possible lap band procedure, physical therapy, and an imaging study of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care (script 9/05/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Home Health Services Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, in a part time or intermittent basis, generally up to no more than 35 hours per week. There was no documentation of a physical examination on the requesting date of 09/05/2013. The patient's

latest physical examination on 06/19/2013 by [redacted] revealed 5/5 strength without any neurological deficits or weakness. There is no indication that this patient is homebound. The medical necessity has not been established. As such, the request is non-certified.

Physical Therapy, 1-3 times per week x 6 months for the Cervical/Lumbar Spine (Land and water based): 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 Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, it was noted on 06/19/2013, the patient has exhausted all available conservative options. Documentation of any previous course of physical therapy was not provided for review. Additionally, the physical examination on the requesting date of 06/19/2013 revealed 5/5 motor strength without any neurological deficits or weakness. Based on the clinical information received, the request is non-certified.

bariatric surgeon for eval for possible Lap Band Surgery/Weight Loss Program (script 9/4/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Guidelines for Independent Medical Examination and Consultation, Section on Referrals, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a failure to respond to diet and exercise. As there is no evidence of an exhaustion of previous conservative measures, the medical necessity for a specialist referral has not been established. The patient's physical examination revealed normal findings. Based on the clinical information received, the request is non-certified.

Lap Band Surgery: Upheld

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 Official Disability Guidelines (ODG) Diabetes Chapter, Bariatric Surgery.

Decision rationale: Official Disability Guidelines recommend gastric bypass, not gastric banding, weight loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. As per the documentation submitted, there is no evidence that this patient maintains a diagnosis or medical history of type 2 diabetes. The patient's body mass index was not provided. Additionally, there is no evidence of a failure to respond to diet and exercise prior to the request for a bariatric surgery. Since guidelines do not recommend the requested procedure, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper back Complaints. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), Special Studies and Diagnostic and Treatment Considerations, pp. 177-179; Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI). The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, the patient's physical examination on the requesting date of 06/19/2013 revealed 5/5 motor strength, no neurological deficits, and no weakness. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Urologist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examination and Consultation, Section on Referrals, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination revealed normal findings. There is no indication of urologic pathology. As the medical necessity has not been established, the request cannot be determined as medically appropriate. Therefore, the request is non-certified.