

<b>Case Number:</b>	CM13-0038847		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/22/2007
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 expert 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:

This is a female patient with the date of injury of August 22, 2007. A utilization review determination dated August 22, 2013 recommends non-certification of additional PT x 12, acupuncture x 12, chiropractic x 12, and Lindora weight loss program. The previous reviewing physician recommended non-certification of additional PT x 12 due to lack of documentation of the medical necessity of the additional PT treatments which exceeds the PT guidelines; non-certification of acupuncture x 12 due to lack of documentation of the rationale for providing concurrent physical modalities; non-certification of the additional chiropractic x 12 due to lack of documentation of improvement with previous treatment, functional deficits, and functional goals; and non-certification of the Lindora weight loss program due to lack of documentation of a documented history of failure to maintain weight at 20% or less above ideal or at below a BMI of 27. A Supplemental Report dated August 14, 2013 identifies Current Complaints of upper back and neck pain. Physical Examination identifies BMI is 40. Pain noted when neck is flexed anteriorly. There is pain noted with extension of cervical spine. Diagnoses identify spondylosis cervical, fibromyalgia/myositis, and radiculopathy cervical. Treatment Plan identifies patient still requires a course of acupuncture, physical therapy, and chiropractic rehabilitation. She responded well to them. Patient requires referral to weight loss specialist to a Lindora weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy x 12, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, the number of therapy sessions already completed, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for Physical Therapy x 12 is not medically necessary.

**ACUPUNCTURE X 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for acupuncture x 12, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement with prior acupuncture treatment. In addition, the number of sessions previously utilized is not documented. In light of the above issues, the currently requested Acupuncture x 12 is not medically necessary.

**CHIROPRACTIC X 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic x 12, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the number of sessions completed previously is unknown and there is no indication of objective functional improvement with these previous sessions. In the absence of clarity regarding the above issues, the currently requested Chiropractic x 12 is not medically necessary.

**LINDORA WEIGHT LOSS PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[REDACTED]/cpb/medical/data/1\_99/0039.html.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://\[REDACTED\]/cpb/medical/data/1\\_99/0039.html](http://[REDACTED]/cpb/medical/data/1_99/0039.html); [REDACTED] Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** Regarding the request for a Lindora weight loss program, ACOEM, California MTUS, and ODG do not contain criteria for the use of a weight loss program. [REDACTED] guidelines state that weight reduction medication or physician supervised weight reduction programs are medically necessary for members "who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met:" The criteria include BMI greater than 30, or BMI greater than or equal to 27 and less than 30 with comorbid conditions. Within the documentation available for review, the patient is noted to have a BMI of 40. However, there is no documentation indicating that the patient has tried and failed previous efforts at diet and weight control. Additionally, there is no indication that the physician has given the patient appropriate specific instruction in how to perform calorie reduction, and other behavior modification techniques to effect weight loss. In the absence of clarity regarding those issues, the currently requested Lindora weight loss program is not medically necessary.