

<b>Case Number:</b>	CM13-0039129		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 61-year-old male who reported an injury on 02/27/2012. The patient is diagnosed to rule out traumatic disc of the cervical spine, lumbar radiculopathy, bilateral shoulder subacromial bursitis, right shoulder impingement, bilateral hip arthralgia, retrolisthesis with bilateral foraminal stenosis in the lumbar spine, history of multiple DVTs, multilevel lumbar canal stenosis, multilevel cervical canal stenosis, and cervical facet arthropathy. The patient was seen by [REDACTED] on 07/12/2013. The patient reported mid and low back pain, bilateral lower extremity pain, right shoulder pain, right knee pain, and neck pain. Physical examination revealed decreased cervical and lumbar range of motion, tenderness to palpation, 5/5 motor strength, negative straight leg raising, and positive Phalen's testing bilaterally. Treatment recommendations included continuation of yoga, a weight loss program, internal medicine consultation, chiropractic therapy, and a psychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

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

**Decision rationale:** The 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. The internal medicine consultation was requested by the provider for medication management. However, there is no clear documentation of any medical diagnoses or conditions that would require evaluation or management by an internal medicine physician. The medical necessity has not been established. Therefore, the request for Internal medicine consult is non-certified.

**Chiropractic visits, 2 times a week for 4 weeks for the cervical and lumbar spine:** 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 Page(s): 58.

**Decision rationale:** State manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient has undergone previous physical therapy and chiropractic treatments. However, documentation of any objective improvement following chiropractic treatment was not documented. Furthermore, the request for 8 sessions of chiropractic therapy exceeds Guideline recommendations for a 6 visit trial. Based on the clinical information received, the request for Chiropractic visits, 2 times a week for 4 weeks for the cervical and lumbar spine is non-certified.

**Yoga:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The Official Disability Guidelines state yoga is recommended as an option only for select, highly motivated patients. As per the documentation submitted, the patient is currently participating in yoga therapy. However, the patient continues to report 10/10 pain over multiple areas of the body. Satisfactory response to treatment has not been indicated. Therefore, the request for Yoga is non-certified.

**Weight loss program:** 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: Weight Reduction Medications and Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration Page(s): 7.

**Decision rationale:** The California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from an acute and/or chronic medical condition. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the documentation submitted, there is no indication that this patient has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The patient's current BMI was not documented. As the medical necessity for the requested service has not been established, the request cannot be determined as medically appropriate. Therefore, the request for Weight loss program is non-certified.