

Case Number:	CM13-0041886		
Date Assigned:	12/20/2013	Date of Injury:	12/31/2010
Decision Date:	10/29/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 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:

The injured worker is a 40-year-old female, who reported injury on 12/31/2010. The mechanism of injury, surgical history and medications were not provided. Prior therapies included physical therapy. The injured worker underwent an MRI of the lumbar spine without contrast. Documentation of 09/10/2013 revealed the injured worker had an MRI that showed lateral recess stenosis and foraminal stenosis at the level of L4-5. The injured worker was noted to have ongoing pain issues. The injured worker had low back pain radiating down the right leg. The treatment plan included a weight loss program and physical therapy 2 times a week for 6 weeks to see if it controls symptoms. The physician's documentation indicated the injured worker's weight may be contributing to the symptoms. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of objective findings to support a necessity for supervised therapy. There was a lack of documentation indicating the quantity of sessions previously attended and the objective functional benefit that was received. The request as submitted failed to indicate the body part to be treated with physical therapy. The request for 12 sessions exceeds guidelines. Given the above, the request for physical therapy 2 times 6 weeks is not medically necessary.

██████████ **WEIGHT LOSS PROGRAM:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain: A primary Car Challenge, Spine: 15 December 1996, Volume 21, Issue 24, pages 2826-2832

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, LIFESTYLE (DIET & EXERCISE) MODIFICATIONS

Decision rationale: The Official Disability Guidelines indicate that lifestyle modifications including diet and exercise are first line interventions. The clinical documentation submitted for review failed to indicate the injured worker's body mass index and weight. There was a lack of documentation indicating the injured worker had tried and failed losing weight utilizing diet and exercise. Additionally, the request as submitted failed to indicate the duration of the ██████████ weight loss program. Given the above, the request for ██████████ weight loss program is not medically necessary.