MAXIMUS Federal Services

Case Number:	CM13-0042751		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2001
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 40 year old female patient s/p injury 9/26/2001. The 8/20/13 progress note stated that the patient has been taking Norco, but it is no longer helping her. Her main pain medication is the Duragesic patch. She is also taking Zofran for nausea. She has back pain with radiation to both legs with numbness and tingling. This remains unchanged. She ambulates with a seated walker. She also has neck pain and stiffness, shoulder pain, and numbness and tingling to the hands. She is unhappy with her present psychiatrist and is requesting a change. Examination revealed that the patient's posture is a little more upright. Lower extremity strength is 5-/5. Authorization was requested for a new psychiatric group, a C3-4 epidural injection to address neck pain, medications, and continue to await authorization for weight loss program, medical transporation, and home health care evaluation. Cervical MRI from 8/16/13 showed disc bulging at C3-4 with moderate canal stenosis and left neural foraminal narrowing. 7/15/13 AME report discusses future medical care. Future medical care should include palliative treatments only in the form of oral medications, back brace, and walker. 4/23/13 note describes limitation of activities of daily living with difficulty with taking a shower or bath, preparing meals, dressing herself, and household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION AND TREATMENT: 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 Psychological Evaluations Page(s): 100-101.

Decision rationale: CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. This patient has a notable past psychiatric history and has been seeing a psychiatrist. The records indicate that she wishes to change providers. However, there is no clear discussion of current psychological/psychiatric complaints, a detailed description of previous treatment, and a discussion of why the patient desires to change providers. The request is not medically necessary.

A SINGLE RIGHT SIDED TRANSFORAMINAL CERVICAL EPIDURAL AT C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs, Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, the previous course of conservative measures specifically directed at the patient's neck complaints is not clear. Duration and response to therapy directed at the neck is unclear. There is no clear objective evidence of motor, sensory, or reflex deficits in the corresponding dermatomes. The request is not medically necessary.

A WEIGHT LOSS PROGRAM: 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 Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS does not apply. Physician supervised weight loss programs are reasonable in patients 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: BMI greater than or equal to 30 kg/mÂ²; or a BMI greater than or equal to 27 and less than 30 kg/mÂ² and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. An April 2013 note indicates that the patient is obese with a BMI of 40.9. However, there is no discussion of previous attempts at weight loss with specific attention paid to dietary changes and exercise. It is unclear if the patient has attempted unsupervised weight loss. As such, proceeding to a weight loss program is not medically necessary.

MEDICAL TRANSPORTATION: 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 ODG, Knee Chapter, Transportation.

Decision rationale: CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. It is unclear from the records why the patient would require transport. While it is clear that the patient has some mobility deficits, it is not clear that there is no available family or community support to provide transportation assistance. The specific appointments for which transportation is requested is unclear. The request is not medically necessary.

A HOME HEALTH CARE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. It is unclear what exact home healthcare services are needed. The patient has difficulty with activities of daily living including personal hygiene and housekeeping; however, there is no identification of medical needs that would require home healthcare services. The request is not medically necessary.