MAXIMUS Federal Services

Case Number:	CM14-0001569		
Date Assigned:	01/22/2014	Date of Injury:	05/14/1998
Decision Date:	06/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/03/2014

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 Orthopedic Surgery, 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 claimant is a 56-year-old female with the following medical conditions: degenerative cervical intervertebral discs, cervical disc displacement, cervical radiculitis, status post C4-C7 hybrid cervical reconstruction, status post lumbar interbody fusion from L3-S1, status post removal of lumbar spine hardware, dysphasia following hardware removal, stridor following hardware removal, left ankle sprain. The clinical progress note from October 10, 2013 reports tenderness palpation cervical paravertebral muscles and upper trapezial muscles with associate spasm. There is also pain with terminal motion and limited cervical range of motion. The lumbar spine reveals a well healed mid-line scar, pain with terminal motion, and residual dysesthesia of the right lower extremity. No subjective complaints are documented of difficulty sleeping, but the clinician recommends referral for sleep study to rule out sleep apnea. The requested physical therapy appears to have been partially certified in November 2013 following operative intervention and the sleep study was denied. The claimant is documented as having undergone cervical hardware removal on August 16, 2013. The reviewer does not indicate the number physical therapy visits have been completed and recommends 4 visits for the cervical spine to demonstrate objective functional improvement and 2 visits for the lumbar spine. The requested weight loss program is not addressed by the MTUS, ACOEM, or ODG. The reviewer references a specific clinical article that demonstrated weight-loss interventions utilizing a reduced energy diet and exercise are associated with moderate weight-loss 6 months. The reviewer denies the request noting that there is no documentation of an attempt at a reduced calorie diet and exercise and as such the requested 10 weeks weight-loss program is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL AND LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The MTUS supports the use of physical therapy in the management of chronic pain. The previous reviewer utilized postoperative guidelines, and while the claimant has had a recent hardware removal from the cervical spine, there is evidence of chronic pain for the lumbar spine as well. The MTUS recommends up to 10 physical therapy visits for chronic myositis and radiculitis. As such, the requested 6 visits are reasonable to determine if there is any objective functional improvement following this intervention.

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG-PAIN- POLYSOMNOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); PAIN (CHRONIC), POLYSOMNOGRAPHY.

Decision rationale: This topic is not addressed by the MTUS or ACOEM. The ODG outline specific criteria for the utilization of polysomnography. Based on the clinical documentation provided, there are no subjective complaints of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related breathing disorder or periodic limb movement disorder, or insomnia. As such, secondary to a lack of subjective complaints, and no objective exam findings concerning the brain and the above conditions, the request is considered not medically necessary.

[redacted] **WEIGHT LOSS PROGRAM X 10 WEEKS:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J AM DIET ASSOC. 2007 OCT;107(10): 1755-67 WEIGHT LOSS OUTCOMES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:WEIGHT-LOSS OUTCOMES: A SYSTEMATIC REVIEW AND META-ANALYSIS OF WEIGHT-LOSS CLINICAL TRIALS WITH A MINIMUM 1-YEAR

FOLLOW-UP. FRANZ MJ, VANWORMER JJ, CRAIN AL, BOUCHER JL, HISTON T, CAPLAN W, BOWMAN JD, PRONK NP. J AM DIET ASSOC. 2007 OCT;107(10):1755-67.

Decision rationale: This topic is not addressed by the MTUS, ACOEM, or ODG. Based on the clinical documentation provided, there is no indication that a weight loss trial involving reduced energy diet and exercise has been attempted. As such, the requested 10 week weight-loss program is considered not medically necessary.