

Case Number:	CM14-0003158		
Date Assigned:	01/31/2014	Date of Injury:	06/06/2012
Decision Date:	07/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 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:

The patient is a 32-year-old male who has submitted a claim for lumbar radiculitis, lumbar disc syndrome, and obesity status post right L5-S1 microdiscectomy associated with an industrial injury date of June 6, 2012. Medical records from 2013 were reviewed. The patient complained of on and off low back pain. There was associated numbness and tingling into the lower extremity. Twisting, turning and bending backwards aggravated the pain, while the pain decreased with sitting and standing for more than 30 minutes. He also has difficulty sleeping secondary to pain. Physical examination showed tenderness over the lumbar paraspinal muscles extending into the quadratus lumborum bilaterally with taut muscle bands and guarding. Articular pillar tenderness over the L4-L5 region and down to the right S1 joint was also noted. Bilateral hamstring tightness was also noted. There was limited range of motion of the lumbar spine. Deep tendon reflex of the lower extremity was 1+ on the right, 2+ on the left. There was decreased sensation along the S1 dermatomal pattern on the right. MRI of the lumbar spine, dated June 18, 2013, revealed L4-L5 4-5mm inferior directed central protrusion superimposed on 5-6mm symmetrical disc bulge, moderate facet arthropathy; and L5-S1 5-6mm eccentric disc protrusion, moderate facet arthropathy, and ligamentum flavum redundancy. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar epidural steroid injections, and lumbar surgery. Utilization review, dated December 19, 2013, denied the request for weight loss program with [REDACTED] because there is no evidence that a self-directed exercise program was tried and failed to substantiate the need for a formal weight loss program. The request for physical therapy of the lumbar spine x 12 was also denied because the nature, scope, and outcome of prior physical therapy post surgery was not specified in the record review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services (CMS)- Treatment of Obesity.

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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a The body mass index (BMI) greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's body mass index is 35.3. Although it was stated in the medical records that the importance of weight loss and core strengthening was discussed with the patient, there was no documented rationale for a weight loss program to be necessary. In addition, there has been no discussion concerning lifestyle modifications the patient has attempted. There were no indications that the patient has other comorbid diseases which would necessitate a physician supervised weight loss program. Therefore, the request for weight loss program with [REDACTED] is not medically necessary.

TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation (ODG) Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Low Back, Physical therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit

of treatment is paramount. In addition, Official Disability Guidelines (ODG), Low Back Section, recommend 10 physical therapy visits over 8 weeks for lumbar sprains and strains and fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient had 12 post-operative physical therapy sessions after the right L5-S1 microdiscectomy, with noted benefit from the treatment. Another 12 sessions of physical therapy for the low back was done from June to July 2013 but patient claimed that it was not helpful. The patient exceeded the recommended number of physical therapy sessions. In addition, only one progress report regarding the physical therapy sessions were included in the submitted medical records, which showed minimal gains in range of motion and strength but no change in leg symptoms or pain and an increase in balance problems. There was no objective evidence of functional improvement derived from these sessions or a treatment plan with defined functional gains and goals. Furthermore, it is unclear as to why additional physical therapy for 12 sessions is needed. Patient is also expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for twelve (12) sessions of physical therapy for the lumbar spine is not medically necessary.