

Case Number:	CM14-0007480		
Date Assigned:	04/07/2014	Date of Injury:	09/01/1998
Decision Date:	05/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 injured worker is a male with date of injury 9/1/2013. Per medical follow-up report the injured worker reports ongoing pain which is worse in the morning and evening. He is frustrated by ongoing weight gain and reports swelling in his legs. His weight prior to his injury was 151. His log of home blood pressure readings show max SBP is 167. At a recent follow up it was recommended he have a spinal cord stimulator trial, and no further surgery is anticipated. On exam his weight is 222 pounds and height 5'5". Sensorium is clear, mood is euthymic. The diagnoses include failed back syndrome post multiple lumbar surgeries, history of hypovitaminosis D, improved, history of paranoid ideation, resolved, opioid induced hypogonadism under treatment, opioid induced hyperalgesia, atopic dermatitis, resolved, neuritic pain bilateral feet, CAD, myocardial infarction 9/2005, status post anterior STEMI, status post LAD stenting 2005, status post angio with 3 stent placement in RCA on 11/30/2009, hypertension, uncontrolled, obesity with BMI of 36.9 secondary to work injury, depression due to chronic pain, status post detox at Sharp Mesa Vista, diastolic CHF and sleep disturbances, chronic with episodic exacerbations.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHARP PAIN PROGRAM EVALUATION AND TREATMENT (UNSPECIFIED NUMBER OF SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS.

Decision rationale: The injured worker may benefit from a multidisciplinary approach to chronic pain management, however, the description of the requested pain program are inadequate to determine if the injured worker meets the criteria for such a program. In addition, the number of sessions is not specified. The cited guidelines provide recommendations regarding the use of the programs and program length, which cannot be determined from this request. The request for SHARP Pain Program Evaluation and Treatment (unspecified number of sessions) is determined to not be 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 Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Heart Lung and Blood Institute, Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.

Decision rationale: The injured worker has reportedly gained 72 pounds over 15 years since being injured. His weight gain is being attributed to his injury. The injured worker has regular follow up examinations with his primary treating physician, however, there is no indication of any interventions utilized to reduce weight. Per the cited guidelines, it is reasonable to expect that the injured worker would be provided information and guidance to assist with weight loss through dietary selection, activity, and behavior modification. Attempt at weight loss with documentation of methods utilized should be conducted before pursuing a weight loss program. The requesting provider does report in the plan to discuss changing psych meds to help with weight management, but this is made at the same time as requesting authorization for weight loss program. The details of the weight loss program are also not provided, such as length of program, services provided, and modalities utilized to promote weight loss. The request for weight loss program is determined to not be medically necessary.

PLACEMENT IN AN ASSISTED LIVING FACILITY: Upheld

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

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

Decision rationale: The requesting provider states that the injured worker is in need of assisted living, however, does not explain why assisted living is needed. Per the QME dated 9/12/2013, the injured worker has been receiving housekeeper/home health services to provide assistance with lower body bathing and dressing, housekeeping, laundry, complex meal preparation, and transportation for shopping and doctors' appointments. The QME reports that following an estimated eight sessions of occupational therapy, he should be able to achieve independence with bathing and dressing his lower body. The injured worker had reactivated his driver's license and was awaiting clearance from his insurance company to resume driving. The services that the injured worker has been receiving are not considered medical treatments per the cited guidelines. The request for assisted living does not appear to be to provide any medical treatments, and therefore would not be supported by the guidelines. The request for placement in assisted living facility is determined to not be medically necessary.