

Case Number:	CM14-0103443		
Date Assigned:	09/16/2014	Date of Injury:	09/12/1997
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury of 9/12/1997. Medical records indicate the patient is undergoing treatment for s/p lumbar fusion surgery by anterior and posterior approach at L3-L5 in 2009; lumbosacral spondylosis; lumbar disc displacement without myelopathy; cervical disc displacement and lumbar spinal stenosis. Subjective complaints include continual lower back pain radiating into both legs which is worse on left side. She has pain in her left leg which radiates to the anterior and posterior thighs, calves and right foot. Her pain however is still greater on the left than right. Pain in her neck and upper back has worsened involving the trapezzi and medial scapula primarily at the superior and middle aspects. She does not report pain in the mid to lower thoracic paraspinal muscles. She has been gaining weight due to pain with activity. As of 6/2014 she reports being off opioid therapies. Objective findings include tenderness to palpation over the posterior cervical paraspinal muscles primarily in the inferior aspects at C5 through C7 with limitation in flexion and extension. There was tenderness to palpation over the bilateral trapezii and medial boarder of the middle and superior aspects of the scapula. The low lumbar paraspinal muscle at L3-L5 has tenderness to palpation. Her gait is slightly antalgic. She had Treatment has consisted of electroacupuncture; Ketamine; Pantoprazole; Diclofenac cream, Gabapentin, Nortripyline, Aspirin, Atenolol, Albuterol and Tizanidine. She has received PT, chiropractic care, acupuncture and aqua therapy. The utilization review determination was rendered on 6/4/2014 recommending non-certification of a medically supervised Weight Loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised Weight Loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Pages: 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition: Low Back-Gym American Family Physician, 2006 Jun 1;73(11):2074-2077-Practice Guidelines-Joint Position Statement on Obesity in Older Adults

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf <http://www.aafp.org/afp/2006/0601/p2074.html>

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The official disability guidelines state, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The Official Disability Guidelines go on to state, "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did not provide documentation of a trial and failure of a home exercise program with supervision, failure of dietary modification, documentation of a thyroid blood test, comments on medications that could cause weight gain, and did not comment on psychiatric comorbidities. In addition, the treating physician did not document assisting and encouraging the patient in making lifestyle changes. The treating physician has not met the above guidelines. As such, the request for Gym Membership is not medically necessary.