

Case Number:	CM14-0107048		
Date Assigned:	08/01/2014	Date of Injury:	11/06/2012
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family 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 36-year-old male who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of 11/06/2012. Medical records from 2014 were reviewed and showed that patient complained of low back pain extending to the buttocks, with associated numbness and tingling. Patient also complained of right knee pain, right ankle pain and right foot pain. Physical examination revealed tenderness in the paravertebral musculature, the lumbosacral joint and sacroiliac joints, worse on the right side. There was paraspinal muscle guarding with passive range of motion testing. Sacroiliac joint testing was positive on the right and negative on the left. Ranges of motion were decreased. Examination of the knee showed tenderness over the medial joint line and also over the lateral joint line but to a lesser extent. There was no ligamentous laxity with special testing. McMurray's test showed medial joint line pain. Ranges of motion were decreased in flexion. Examination of the right ankle showed pes planus bilaterally. There was tenderness to palpation in the medial ankle ligament complex. There is also tenderness in the plantar fascia. There was medial ankle pain with special tests. Ranges of motion were slightly decreased. Sensation was intact. There was no atrophy and motor strength testing was normal. Reflexes were normal. Treatment to date has included medications, acupuncture, chiropractic care and physical therapy. Utilization review, dated 06/30/2014, denied the request for medically supervised weight loss program because the documentation does not clearly identify a treatment log demonstrating failure of weight loss despite adherence to an independent program of dietary counseling, behavior modification, caloric restriction and increased physical activity. The same review modified the request for IF unit to 30 days as a trial was found to be reasonable. The request for aquatic therapy was modified to 8 sessions because a trial was to be reasonable to evaluate for the efficacy of this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program- [REDACTED] 10 week program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-103.

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 California 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 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 was not documented in the submitted medical records. There is also no documented evidence that the patient already 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. Such a regimen must be tried first before using a formal weight reduction program. Therefore, the request for [REDACTED] weight loss program is not medically necessary.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Page 118-120 of California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, patient has persistent back pain despite conservative measures taken. Interferential therapy is a reasonable treatment option. However, the present request as submitted failed to specify whether approval for the interferential unit was for rental or purchase, as well as the length or duration of its use. Moreover, previous utilization

review has already authorized the request of home-trial of IF unit for 30 days. Therefore, the request for Home interferential Unit is not medically necessary.

12 Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient complains of persistent back pain. The patient's BMI was not documented in the submitted medical records. There is no clear indication for aquatic therapy. Moreover, body part to be treated was not specified. Lastly, the previous utilization review has already authorized a trial of 8 aquatic therapy sessions. Therefore, the request for 12 Aquatic therapy sessions is not medically necessary.