MAXIMUS Federal Services

Case Number:	CM14-0018020		
Date Assigned:	04/21/2014	Date of Injury:	01/22/2012
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation 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 49 year old female who reported an injury on 01/22/2012 secondary to a slip and fall. She was evaluated on 03/28/2014 and reported low back pain of unknown severity as well as numbness in the legs. On physical exam, she was noted to have normal motor strength, sensation, and reflexes with full range of motion. BMI at that time was 32.73. Diagnoses included lumbar strain and neuropathy. Medications were noted to include Norco, Cyclobenzaprine, Gabapentin, and Tramadol. It was noted that the injured worker attended an unknown duration of physical therapy and had begun aquatic therapy at the time of the last evaluation. MRIs of the cervical and lumbar spine on 06/12/2012 revealed minor degenerative changes without stenosis. An NCS on 10/17/2013 revealed sural nerve sensory latencies consistent with sensory neuropathy in the legs. The injured worker has been recommended for weight reduction, pool therapy, and a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT REDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MS 40.5-Treatment of Obesity (Rev. 54, Issued 4/28/06, Effective: 2/21/06).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Journal of Clinical Nutrition, "Weight loss and dropout during a commercial weight-loss program including a very-low-calorie diet, a low-calorie diet, or restricted normal food: observational cohort study," Hemmingsson, E., Johansson, K., Eriksson, J., Sundstrom, J, Neovius, M. & Marcus, C. (2012).

Decision rationale: The information provided fails to document evidence of self-dieting or traditional exercise program at home or elsewhere. There are no exceptional factors documented indicating that the injured worker is not a candidate for traditional dieting and home exercise. Previous documentation of physical therapy does not note modalities used or duration of treatment. Therefore, there is not sufficient evidence that weight reduction cannot be achieved independently or with more conservative methods. Furthermore, the request does not specify a type of weight loss program, nor does it indicate a duration and frequency of the proprosed regimen. As such, the request for weight reduction is not medically necessary and appropriate.

POOL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 23.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend aquatic therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There are no exceptional factors documented indicating that the injured worker is not a candidate for land-based physical therapy. It was noted that the injured worker attended physical therapy previously, but duration and outcomes were not specified. It was also noted that the injured worker began aquatic therapy as of the last clinical note on 03/28/2014, but treatment frequency and duration were not specified. Therefore, it is unclear how many aquatic therapy sessions the injured worker has already completed and if she has achieved any improved function. Furthermore, the request as written does not specify a frequency or duration for treatment. As such, the request for pool therapy is is not medically necessary and appropriate.

NEUROLOGY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2011, Chapter 6, page 163.

Decision rationale: The updated ACOEM Guidelines recommend a referal to other specialists when a course of care may benefit from additional expertise. Guidelines also state that a consultation may be helpful to aid in therapeutic management and determination of fitness to

return to work. The injured worker reported back pain and numbness in the legs and has been diagnosed with neuropathy. It was noted in several re-examinations that the injured worker has continued to experience neuropathic symptoms for several months. An NCS on 10/17/2013 revealed findings consistent with sensory neuropathy in the legs. The injured worker would benefit from a neurology consulation at this time given the objective clinical findings despite conserative care to date. The injured worker's primary care provider is an internist and care would be better suited at this time with a neurologist. As such, the request for neurology consultation is medically necessary and appropriate.