

<b>Case Number:</b>	CM14-0035288		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on March 29, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of low back pain rated at 2/10. No focused physical examination was performed. There were diagnoses of lumbar sprain/strain with an L4-L5 disc osteophyte complex and facet arthrosis. Relafen and Norco were prescribed. Previous treatment included chiropractic care and physical therapy with mild improvement. A request was made for an echocardiogram and a weight loss program and was not medically necessary in the pre-authorization process on February 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California guidelines, web-based edition [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative echocardiogram, updated July 3, 2014.

**Decision rationale:** According to the attached medical record, it is unclear why an echocardiogram was recommended for the assistance of treatment for low back pain. There was no attached specific justification for this in relation to the compensable injury. This request for 2D echocardiogram is not 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 Medical Disability Advisor; Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California guidelines, web-based edition [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.spine-health.com/wellness/nutrition-diet-weight-loss/weight-loss-back-pain-relief>.

**Decision rationale:** It is unclear why a weight loss program was recommended in relationship to the compensable injury. While weight loss in an obese individual can help decrease low back pain, it has not been determined to be the cause of this individual symptoms. This request for a weight loss program is not medically necessary.