

<b>Case Number:</b>	CM14-0040986		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 has a subspecialty in Interventional Spine 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 45 year-old male with a 5/11/10 date of injury. According to the 3/5/14 neurology report from [REDACTED], the patient presents with a macular non-puritic rash on both buttocks, lower back, feet and ankle. He complains of neck swelling and right leg pain, shortness of breath, lower back pain and right leg goes out with pain. He has been diagnosed as: s/p severe electrocution with extensive body burns 5/11/10, severe obstructive sleep apnea on home CPAP since 3/15/12;erectile dysfunction; middle ear trauma posttraumatic hearing loss; traumatic brain injury; right shoulder tear; depression; lower back pain, right lower extremity radiculopathy. He weighs 313 lbs, and takes Percocet and Cialis. The treatment plan was for a home life cycle; weight loss program; follow-up with psyche; psychotherapy evaluation. The 1/23/14 psychology report from [REDACTED] states the patient is seeing the psychiatrist, [REDACTED] for Prozac, Klonopin and Ambien. On 3/27/14 UR denied a LifeCycle for home use, a weight loss program, psychotherapy reevaluation and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lifecycle for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-7. Decision based on Non-MTUS Citation ACOEM 2nd ed. guidelines Chapt. 7 page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG guidelines, Knee chapter, for Exercise equipment.

**Decision rationale:** The patient is a 45 year-old male crane operator who suffered a severe electrocution injury at work on 5/11/10. He has been diagnosed as: status post severe electrocution with extensive body burns 5/11/10, severe obstructive sleep apnea on home CPAP since 3/15/12;erectile dysfunction; middle ear trauma posttraumatic hearing loss; traumatic brain injury; right shoulder tear; depression; lower back pain, right lower extremity radiculopathy. He has gained weight since the injury, being 250 lbs in 2011 and is now reported to be at 313 pounds. The neurologist requests a home LifeCycle, but does not provide any details or rationale. The request presented for this IMR is for a LifeCycle for home use. The LifeCycle is a stationary exercise bicycle. MTUS does recommend exercise, but states : " There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen" The ODG guidelines discuss DME, and exercise equipment. Exercise equipment is not considered DME because "Exercise equipment is considered not primarily medical in nature" The request for the home Lifecycle is not in accordance with ODG or MTUS guidelines. Therefore the request for Lifecycle for home use is not medically necessary and appropriate.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsai AG, Wadden TA. Systematic review: an evaluation of major commercial weight loss programs in the United States Ann Intern Med. 2005 Jan, 4;(1):56-66.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AetnaClinical Policy Bulletin: Weight Reduction Medications and ProgramsNumber: 0039.

**Decision rationale:** The patient is a 45 year-old male crane operator who suffered a severe electrocution injury at work on 5/11/10. He has been diagnosed as: s/p severe electrocution with extensive body burns 5/11/10, severe obstructive sleep apnea on home CPAP since 3/15/12;erectile dysfunction; middle ear trauma posttraumatic hearing loss; traumatic brain injury; right shoulder tear; depression; lower back pain, right lower extremity radiculopathy. He has gained weight since the injury, being 250 lbs in 2011 and is now reported to be at 313 pounds. The neurologist requests a weight loss program but does not provide any details as to what type of weight loss program he is requesting, or the duration, or frequency. The request presented for this IMR is for a "Weight loss program". The request is incomplete. Without the details on the type of weight loss program, the duration and frequency, the request cannot be compared to the types of weight loss programs, duration and frequency specifically outlined on evidence-based guidelines. The incomplete prescription of the weight loss program, cannot be verified to be in accordance with any evidence-based guidelines. Therefore, the request for weight loss program is not medically necessary and appropriate.

### **Psychotherapy Re-Evaluation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web Mental Illness Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Psychological treatment; Psychological evaluations Page(s): 101-102, 100-101.

**Decision rationale:** The patient is a 45 year-old male crane operator who suffered a severe electrocution injury at work on 5/11/10. He has been diagnosed as: s/p severe electrocution with extensive body burns 5/11/10, severe obstructive sleep apnea on home CPAP since 3/15/12; erectile dysfunction; middle ear trauma posttraumatic hearing loss; traumatic brain injury; right shoulder tear; depression; lower back pain, right lower extremity radiculopathy. The patient has not returned to work. The neurologist requests follow-up psycye care with [REDACTED], [REDACTED] and psychotherapy with [REDACTED]. The request presented for this IMR is for "psychotherapy re-evaluation". The psychology report from [REDACTED] notes the patient is being seen for PTSD and severe depressive disorder. He has shown improvement with relaxation, but depression is unchanged. MTUS guidelines for psychological treatment recommends reevaluation to assess efficacy of treatment. The request for psychotherapy re-evaluation appears to be in accordance with MTUS guidelines. The request for psychotherapy re-evaluation is medically necessary and appropriate.

### **Follow up with Psyche: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. guidelines Chapt.7 page 127: Consultation- To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** The patient is a 45 year-old male crane operator who suffered a severe electrocution injury at work on 5/11/10. He has been diagnosed as: s/p severe electrocution with extensive body burns 5/11/10, severe obstructive sleep apnea on home CPAP since 3/15/12; erectile dysfunction; middle ear trauma posttraumatic hearing loss; traumatic brain injury; right shoulder tear; depression; lower back pain, right lower extremity radiculopathy. The neurologist requests follow-up psycye care with [REDACTED], [REDACTED] and psychotherapy with [REDACTED]. The request presented for this IMR is for "Follow up with Psyche". The psychology report from [REDACTED] notes the patient is seeing [REDACTED] for psychiatric care including Prozac, Klonopin and Ambien. [REDACTED] appears to be monitoring the patient's psychotropic medications. MTUS/ACOEM states follow-up visits can be for discussion of medication use. The request for

psyche follow-up is in accordance with MTUS/ACOEM guidelines. The request for follow-up with Psyche is medically necessary and appropriate.