

<b>Case Number:</b>	CM14-0043081		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 27-year-old female who reported a pushing/pulling injury on 02/29/2012. On 02/18/2014, she reported chronic, severe low back pain which interfered with her daily activities. She had been relying on her medications which she found quite helpful with her daily activities. She rated the intensity of her symptoms at 8-9/10 at its worst. With medication the pain was reduced to 3-4/10. Her medications included Norco 10/325 and Soma 350 mg. An MRI from 12/10/2012 revealed no significant loss of disc height at L4-5. There was a broad-based disc bulge measuring 2 mm but no central spinal or neural foraminal stenosis. At L5-S1, there was mild degenerative disc disease with a broad-based disc bulge measuring 3 mm. No spondylosis was noted. There was no central spinal stenosis or evidence of nerve impingement. On 02/04/2013, she had a normal lumbar electromyography (EMG)/ nerve conduction velocity (NCV). Her lumbar spine range of motion measured in degrees were flexion 40/60, extension 15/25, right side bending 20/25, and left side bending 15/25. On 10/04/2013, it was noted that she had completed 2 weeks of a functional restoration program, but was unable to complete the program due to transportation issues. Her lower back pain and right leg pain were improving with the program. Her diagnoses included displacement of lumbar disc without myelopathy and lumbar sprain and strain. It was noted on 03/01/2012 that she did not have any pain radiating to the lower extremities. There was not complaint of pain with change of position, forward bending, backward bending or rotation. She stated that she could not stand fully upright because of pain and discomfort. On 02/21/2014, she was 5 feet 1 inch tall and weighed 265 pounds, with a BMI of 50.1, with a diagnosis of morbid obesity. On 06/27/2012, it was noted that she had lost 10 pounds in a weight loss program. On 02/17/2014, it was noted that physical therapy had made this injured worker feel worse. The report further stated that physical therapy and chiropractic care administered previously had been appropriate but no further therapy of this kind should be

performed as little or no benefit would be derived from it. She was encouraged to continue a home exercise program. There was no rationale included in this chart for the magnetic resonance imaging (MRI) of the lumbar spine, the orthopedic spine evaluation, the functional restoration program, or the pain management evaluation. Her morbid obesity was the rationale for the weight loss program. A request for authorization for the orthopedic spinal evaluation dated 08/02/2013 was included with the chart. No other requests for authorization were included.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Magnetic Resonance Imaging (MRI) Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure Summary, Indications for Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false-positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore had no temporal association with the current symptoms. This injured worker had a lumbar spine MRI of 12/10/2012, which showed disc bulges but no radiculopathy. There was no rationale or justification for a second MRI. Therefore, this request is not medically necessary.

#### **Orthopedic Spine Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 77-89.

**Decision rationale:** ACOEM Guidelines recommend that under the optimal system a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. It was clearly stated on 02/21/2014 that there was no other form of medical treatment to provide to this patient. Having exhausted treatment options and considering the amount of time that had elapsed since the date of injury, this patient had obtained a state of maximum medical improvement. Therefore, a referral for an orthopedic spine evaluation will

not support this injured worker's functional recovery. Therefore, the request for an orthopedic spine evaluation is non-certified.

**Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

**Decision rationale:** MTUS Guidelines note that these programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time. This worker had already participated in a partial functional restoration program but there was no documentation of the degree of pain relief and/or functional improvement derived from this program. Her current medications allow her to function adequately and there is no evidence of the need for psychosocial intervention. She further appears to be deriving benefit from her home exercise program. Therefore, this request is not medically necessary.

**Supervised Medical Weight Loss Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines recommend reduction of obesity and an active lifestyle can have major health benefits. The best long-term approach is to avoid restriction of any major nutrient, either fat or carbohydrate, and instead focus on the quality of nutrients. Relatively unprocessed, low glycemic index foods are best, cutting back on white bread, white rice, potato products, prepared breakfast cereals, and concentrated sugars is recommended. There are many commercial weight loss programs which have high rates of success for the participants. There was no justification for incurring the expense of a supervised medical weight loss program. It was recommended that this injured worker continue her home exercise program. Therefore, the request is not medically necessary.

**Pain Management Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** ACOEM Guidelines recommend that under an optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The injured worker is already being treated for pain management and it was documented that her current medication regimen is providing her with adequate pain relief and functional improvements. Therefore, the request is not medically necessary.