

Case Number:	CM14-0043679		
Date Assigned:	07/02/2014	Date of Injury:	02/29/2012
Decision Date:	10/07/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	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 Internal Medicine and is licensed to practice in California and 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 patient is a 26 year old female who was injured on 02/29/2012. The mechanism of injury is unknown. Prior medication history included Norco and Soma. Prior treatment history has included physical therapy and chiropractic care; epidural injections which provided side effects; functional restoration program. On supplemental note dated 02/21/2014, it is noted that the patient has a BMI of 50.1 and it is felt she would benefit from a weight loss program as well as functional restoration program as she has responded poorly to therapy. However, there is weight log documented and no indication for a weight loss program. Progress report dated 03/18/2014 states the patient continues to struggle with chronic pain with lumbar radiculopathy. She rated her pain as 5-6/10. On exam, there is tenderness to palpation over the right L4-5 and L5-S1 lumbar interspaces. There is muscular spasm and guarding over the right erector spinae muscle and gluteus maximus region. Range of motion of the lumbar spine is limited between 50 to 60% of normal. Diagnostic impressions are lumbar radiculitis, right worse than left; lumbosacral sprain/strain; chronic pain syndrome; and L4-5 and L5-S1 lumbar disc derangement. The patient has been recommended for weight loss program and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program Consultation: 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) and other Evidence Based Medicine (EBMs)

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: http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: CA MTUS and ODG guidelines are silent regarding the issue. The referenced guidelines recommend weight loss programs as an option after diet and exercise has failed. The weight loss program should be established as having positive results with previous patients. The clinical documents did not discuss the weight loss program in sufficient detail. The documents did not discuss previous trials of weight loss by diet and exercise. It is unclear why the patient is not a suitable candidate for conservative weight loss measures. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Transportation: 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) and other Evidence Based Medicine (EBMs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation (to & from appointments)

Decision rationale: The guidelines recommend medical transportation for patients requiring medical care in the same community who have disabilities preventing them from self-transportation. The clinical documents did not clearly identify the patient as having significant disability that precluded her from self-transport. There should also be documentation of which specific medical appointments the patient is requiring. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.