

<b>Case Number:</b>	CM14-0071180		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational Medicine 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 50-year-old male with chronic low back pain status post fall. Date of injury is 9/12/13. The patient has low back pain that does not radiate below the knees. There is low back tenderness and decreased range of motion on examination. There are no findings of radiculopathy. The patient reportedly found therapy to be a little helpful. Acupuncture did not help. Medications apparently provided some relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** According to MTUS and ODG guidelines, lumbar MRI may be indicated for significant trauma, neurologic deficit, suspected red flag condition, or failure of a trial of conservative care. In this case a request is made for lumbar spine MRI for a patient with low back pain for 7 months who has failed physical therapy, acupuncture, activity restriction and medications. Medical necessity is established for requested MRI.

**Additional Physical Therapy 2x5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to MTUS guidelines, physical medicine (physical therapy) may be indicated for acute exacerbations of chronic low back pain up to 10 visits over 8 weeks. In this case the patient has completed a course of physical therapy (unknown number of visits) that was helpful. An additional 10 visits are requested apparently because the therapist thought it would be helpful. However, medical records do not demonstrate objective functional improvement or pain reduction from physical therapy. Medical necessity is not established for requested physical therapy.

**Supervised Weight Loss program [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J.Am Diet Assoc. 2007 Oct. 107(10): 1755-67.

**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://emedicine.medscape.com/article/123702-treatment> (Obesity Treatment and Management).

**Decision rationale:** This is a request for a supervised weight loss program, [REDACTED]. According to an online search, evidence supports the use of commercial weight loss programs. However compliance and caloric deficits were better predictors of success than the specific type of weight loss program or diet. Patients should not be enrolled in weight loss programs until realistic and attainable goals are determined. A clear assessment of patient motivation should be performed prior to entrance in a weight loss program. All patients should be screened for serious mental illness or eating disorders. In this case these issues have not been addressed in the provided medical records. As such medical necessity for a Supervised Weight Loss Program is not established at this time.

**Tramadol 37.5/325mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Tramadol (Ultram, Ultram ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, Tramadol may be indicated for moderate to severe pain. Efficacy of long-term use for chronic back pain is not clearly established. In this case the patient is taking Tramadol on a long-term basis. However, medical records do not establish clinically significant functional improvement or pain reduction due to use of Tramadol. Medical necessity for Tramadol is not established.