

<b>Case Number:</b>	CM14-0075394		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

Patient is a 54-year-old female who has submitted a claim on for medial meniscus tear, neck sprain, foot sprain, neurotic depression, insomnia, and morbid obesity associated with an industrial injury 9/10/2007. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain and pain of both knees. Patient continued to gain weight. Patient's height is 4'11", weight of 200 pounds, and derived body mass index of 40.4 kg/m<sup>2</sup>. Jamar dynamometer showed right hand grip of 60/55/45 versus left hand grip of 40/40/40. Range of motion of the lumbar spine was restricted. Stiffness of her lumbar muscles was noted. Straight leg raise test was mildly positive bilaterally. Crepitus was noted and knee range of motion was limited. A report from 2/25/2014 by Dr. [REDACTED] stated that patient cannot get diet pills; hence, this request for a formal weight loss program. The goal is for the patient to lose 50 - 60 pounds. Treatment to date has included physical therapy, and medications such as tramadol, Prilosec, and topical creams. Utilization review from 4/29/2014 denied the request for urine toxicology because there was no documentation provided for aberrant drug behavior; denied weight loss diet program because there was no evidence-based citation for this request; denied follow-up with Dr. [REDACTED] as needed because there was no change in treatment or any other indication that may require follow-up visit. The reason for the denial of interpreter was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Per page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Tramadol. There is no urine drug screen that has been performed for this year; hence, screening is reasonable at this time. The medical necessity has been established. Urine drug screen may be performed to assess drug compliance. Therefore, the request for urine toxicology is medically necessary.

**Weight loss diet program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, was used instead. Clinical supervision of weight reduction programs up to a combined limit of 26 individual or group visits per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (BMI). In this case, patient's height is 4'11", weighs 200 pounds, with a derived body mass index of 40.4 kg/m<sup>2</sup>. A report from 2/25/2014 stated that patient cannot get diet pills; hence, this request for a formal weight loss program. The goal is for the patient to lose 50 - 60 pounds. However, there is no documentation stating that patient had already tried other weight loss methods, such as dietary modification and exercise routines. The medical necessity cannot be established due to insufficient information. Therefore, the request for weight loss diet program is not medically necessary.

**Followup up with Dr [REDACTED] as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the treating provider last saw patient on 2/25/2014. Patient is being seen for low back pain, knee pain, and morbid obesity. Patient was prescribed medications and recommended to undergo weight loss program. The medical necessity for a follow up visit has been established to monitor patient's compliance and response to therapy. However, the request did not specify the number of follow-up visits needed for this case. Therefore, the request for follow-up with Dr. [REDACTED] as needed is not medically necessary.

**Interpreter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Language Assistance Program, California Department of Managed Health Care (<https://www.dmhc.ca.gov/HealthCareLawsRights/HealthCareRights/LanguageAssistance.aspx#.VBUy7S4WUVk>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the California Department of Managed Health Care was used instead. California law requires health plans to provide Language Assistance Program (LAP) services to eligible health plan enrollees with limited English proficiency (LEP). The DMHC regulations fully implement SB 853, which requires California health plans to set up a system where services, materials, and information are provided to members in a language that they speak and understand. In this case, there was no documented rationale for this request. There was no evidence that the patient is not proficient in the English language to require services of an interpreter. Therefore, the request for Interpreter is not medically necessary.