

Case Number:	CM14-0078216		
Date Assigned:	07/18/2014	Date of Injury:	02/07/2011
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 Nevada. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on February 7, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicated that there were ongoing complaints of low back pain. The physical examination noted a 6'6" 590-pound individual with difficulty sitting on the examination table. A painful antalgic gait was noted. A compromised lumbar spine range of motion was noted. Deep tendon reflexes were 2+ and symmetric throughout. Diagnostic imaging studies were not reviewed. Previous treatment included medications and conservative care. A request had been made for aquatic therapy, injections, functional capacity evaluation and weight loss program and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for 24 sessions: Upheld

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 Aqua Therapy Page(s): 22.

Decision rationale: As outlined in the MTUS, aquatic therapy is recommended as an optional form of exercise therapy. It is noted that this is a morbidly obese individual; however, there is no data presented to suggest that more traditional land-based therapies cannot be completed. Therefore, based on the limited clinical information presented and by the parameters noted in the MTUS, this is not medically necessary.

Bilateral facet injection L3-4, L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. As such, this is not medically necessary.

Interlaminar epidural steroid injection L5-S1: Upheld

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 Epidural Steroid Injection Page(s): 46.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is no objectification of a verifiable radiculopathy on other physical examination or electrodiagnostic studies. As such, in accordance with the MTUS, the requested procedure is not considered medically necessary.

Functional Capacity Evaluation: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6 Chronic Pain, page 49 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The Official Disability Guidelines (ODG), details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or if there is conflicting medical reporting on precautions and/or fitness for a modified job, or if the patient's injuries are such that require a detailed exploration of the worker's abilities. When noting the comorbidities of morbid obesity, and there is no indication of a return to work, therefore such an assessment has not been deemed medically necessary.

Weight Loss 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 Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

Decision rationale: As outlined in the literature, weight loss is a lifestyle issue that relates to calories consumed versus calories expended. This is a straightforward concept. Given the age of the injured worker, the amount of excess weight being carried, there is no clinical indication for a formal weight loss protocol only to modify, consume and increase calorie expenditures. Therefore, based on the limited clinical information presented for review, there is no clear clinical indication for such an intervention. As such, the request is not medically necessary.