

Case Number:	CM14-0083298		
Date Assigned:	07/21/2014	Date of Injury:	12/03/2001
Decision Date:	09/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old female with a reported date of injury on 12/03/2001. The injury reportedly occurred when the injured worker was in taking a violent mental health patient. Her diagnoses were noted to include left hand tendinitis, right wrist tendinitis, bilateral carpal tunnel, cervical radiculopathy, and cervical intervertebral disc degeneration. Her previous treatments were noted to include physical therapy, medication, surgery, and intrathecal infusion therapy. The progress note dated 04/15/2014 revealed the injured worker complained of average pain without medications as 10/10 and with medications 2/10. The medications prescribed were keeping the injured worker functional and allowed for increased mobility and tolerance of activities of daily living. The physical examination revealed deep tendon reflexes in the upper and lower extremities were decreased but equal. The cervical examination revealed tenderness to palpation located in the C4-5 paraspinal. The range of motion was noted to be decreased and there was a negative Spurling's maneuver. The lumbosacral examination revealed decreased strength to the bilateral upper extremities and a decreased sensation to the right C5, C6, C7, C8 and left C6 and C7. The deep tendon reflexes in the upper and lower extremities were decreased but equal. The provider requested a re-consultation with [REDACTED] to address weight and absorption issues. The progress note dated 05/13/2014 was for a re-consultation with [REDACTED] to address and absorption issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-consultation w/ [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (updated 2014) Aerobic Exercise(Malmivaara-NEJM, 1995) (Sculco-Spine, 2001) (Liddle, 2004) (Kool, 2004) (Oleske, 2004) (Airaksinen, 2006) (Machado, 2007) (Chatzitheodorou, 2007) (Bruce,2005) (Helmhout, 2008).

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: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The request for a re-consultation with [REDACTED] is not medically necessary. The documentation indicated a previous consultation had been authorized. In a study authored by Appel, et al, it was noted, "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." There was a lack of documentation regarding the initial consultation with [REDACTED], attempted weight loss and any issues regarding weight gain since the injury. There was a lack of documentation regarding the amount of weight that was gained since the injury and nothing submitted that showed attempts at weight loss, how the weight loss will benefit the present treatment of the injured worker and the amount of weight to be lost. Therefore, the request is not medically necessary.