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| Case Number: | CM14-0093019 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 12/13/2010 |
| Decision Date: | 11/28/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Management 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:

According to the records made available for review, this is a 56-year-old female with a 12/13/10 date of injury. At the time (6/10/14) of Decision for Medically supervised weight loss program and Pain management follow-ups, there is documentation of subjective (low back pain and radiating neck pain) and objective (antalgic gait, decreased range of motion of the cervical spine and lumbar spine, moderate tenderness to palpitation over the bilateral cervical and lumbar paraspinal regions, positive lumbar spine facet loading test, decreased sensation in the left C7 dermatome, and weakness in the lower and upper extremities) findings, current diagnoses (multilevel degenerative disc disease of the lumbar spine, annular tear L2-L3, lumbar radiculopathy, bilateral shoulder impingement and bursitis, bilateral knee chondromalacia patella, and chronic neck pain), and treatment to date (chiropractic treatments, physical therapy, acupuncture, epidural steroid injections, and medications). Medical reports identify that the patient weighs 316lbs and had gained, 30lbs since the injury, and a BMI of 49 kg/m. Regarding Medically supervised weight loss program, there is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor : Details pertaining to initial attempts in managing weight gain are not outlined. Without clear indication that the claimant failed to respond from prior treatments to address the weight issues, medical necessity is not evident.

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: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL), as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of multilevel degenerative disc disease of the lumbar spine, annular tear L2-L3, lumbar radiculopathy, bilateral shoulder impingement and bursitis, bilateral knee chondromalacia patella, and chronic neck pain. In addition, there is documentation of BMI** greater than or equal to 30 kg/m. However, there is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)). Therefore, based on guidelines and a review of the evidence, the request for medically supervised weight loss program is not medically necessary.

Pain management follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Evaluation & Management (E&M) Outpatient visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of multilevel degenerative disc disease of the lumbar spine, annular tear L2-L3, lumbar radiculopathy, bilateral shoulder impingement and bursitis, bilateral knee chondromalacia patella, and chronic neck pain. However, given no documentation of the a rationale identifying the medical necessity of the requested follow-ups, there is no documentation of the medical necessity for a follow-up visit in order to monitor the patient's progress and make any necessary modifications to the treatment plan. In addition, there is no documentation of the number of follow-ups requested. Therefore, based on guidelines and a review of the evidence, the request for Pain management follow-ups is not medically necessary.