

Case Number:	CM14-0096436		
Date Assigned:	08/06/2014	Date of Injury:	06/06/2003
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 40-year-old female with a 6/6/03 date of injury, status post fusion with hardware removal at L4-S1 (undated), and status post left ankle fracture repair. At the time (5/6/14) of request for authorization for Continue Pain Management for Narcotic Medications and Monitoring, Homecare Assistance 8 Hours/Day, 7 Days/Week, Podiatry Evaluation, Referral to Neurology, Internal Medicine Evaluation, Formal Smoke Cessation Program, Weight Loss Program, and Sleep Specialist Consult, there is documentation of subjective (low back pain with numbness and tingling in the legs, and left ankle pain) and objective (reduced lumbar range of motion with tenderness to palpation and positive straight leg raise test; and decreased left ankle range of motion) findings, current diagnoses (lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture), and treatment to date (medications (including ongoing therapy with Norco, Soma, Trazadone, Cymbalta, Xanax and Ketoprofen), home exercise program, left ankle orthotics with pain relief, and Morphine pain pump). In addition, medical report identifies the patient smokes cigarettes. Furthermore, medical report identifies a request for Podiatry evaluation for orthotics; Neurology referral to rule out radiculopathy; Internal Medicine evaluation for stomach issues; and sleep specialist consult due to sleep disturbance. Regarding Continue Pain Management for Narcotic Medications and Monitoring, there is no documentation of the proposed frequency and duration of the requested Continue Pain Management for Narcotic Medications and Monitoring. Regarding Homecare Assistance 8 Hours/Day, 7 Days/Week, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. In addition, the proposed number of hours per week exceeds guidelines.

Regarding Formal Smoke Cessation Program, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Regarding Podiatry Evaluation, Referral to Neurology, Internal Medicine Evaluation, and Sleep Specialist Consult, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding Weight Loss Program, there is no documentation of a 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, obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Pain Management for Narcotic Medications and Monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127 Official Disability Guidelines (ODG) Mental & Stress, Office visits.

Decision rationale: MTUS does not address the issue. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. In addition, there is documentation of ongoing narcotic medication use. However, there is no documentation of the proposed frequency and duration of the requested Continue Pain Management for Narcotic Medications and Monitoring. Therefore, based on guidelines and a review of the evidence, the request for Continue Pain Management for Narcotic Medications and Monitoring is not medically necessary.

Homecare Assistance 8 Hours/Day, 7 Days/Week: 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 Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. In addition, the proposed number of hours per week exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Homecare Assistance 8 Hours/Day, 7 Days/Week is not medically necessary.

Podiatry 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, despite documentation of a request for Podiatry evaluation for orthotics, and given documentation that the patient is currently utilizing left ankle orthotics with pain relief, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Podiatry Evaluation is not medically necessary.

Referral to Neurology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, despite documentation of a request for referral to Neurology to rule out radiculopathy, and given no documentation of objective findings of radiculopathy, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Referral to Neurology is not medically necessary.

Internal Medicine 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, despite documentation of a request for Internal Medicine evaluation for stomach issues, and given no documentation of supportive subjective/objective findings of gastrointestinal complaints, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Internal Medicine Evaluation is not medically necessary.

Formal Smoke Cessation 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: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Formal Smoke Cessation Program. A search of online resources failed to provide any articles/studies addressing criteria for the medical necessity for the requested Formal Smoke Cessation Program. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. In addition, there is documentation that patient smokes cigarettes. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Formal Smoke Cessation Program is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Jan 4; 142 (1); 56-66, Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States.

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. Aetna 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 lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, there is no documentation of a 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, 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 Weight Loss Program is not medically necessary.

Sleep Specialist Consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, aftercare, and closed navicular fracture. However, despite documentation of a request for sleep specialist consult due to sleep disturbance, and given no documentation of supportive subjective/objective findings of insomnia/sleep disturbance, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Sleep Specialist Consult is not medically necessary.