MAXIMUS Federal Services

Case Number:	CM14-0187501		
Date Assigned:	11/17/2014	Date of Injury:	10/06/2005
Decision Date:	01/15/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Acupuncture and Pain 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:

Injured worker is a 54 year old male with a date of injury 10/6/05 related low back pain. Per progress report dated 10/1/14, the injured worker indicated that his lower back pain had increased and he had been experiencing loss of coordination with ambulation and was dragging his left foot. He had also experienced increased thoracic spine and chest wall pain that radiated anteriorly to the nipple line. Per physical exam, there was tenderness over the right sacroiliac joint and right buttock, as well as to the right of T7-T8. 75% of his lumbar range of motion was limited by pain, and he demonstrated normal muscle strength of the bilateral lower extremities. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dietary consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: A clinical practice guideline from the American College of Physicians

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. With regard to treating obese patients, the guidelines recommend beginning with lifestyle and behavioral modifications such as appropriate diet and exercise. The request is not medically necessary.

Internal medicine consultation for sleep disorder due to chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment

Decision rationale: With regard to insomnia, the ODG guidelines state: Recommend that treatment be based on the etiology, with the medications recommended below. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning.The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation submitted for review do not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

One weight loss gym program: 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Memberships

Decision rationale: The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as a medical prescription unless a documented

home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The documentation submitted for review did not indicate a need for equipment or a rationale as to why home exercise program would not be sufficient. The request is not medically necessary.

CT scan/myelogram of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography

Decision rationale: With regard to myelography, the ODG guidelines state: Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware. Upon review of the submitted documentation, the injured worker does not meet the criteria for myelography. As it is not recommended, the request is not medically necessary. Furthermore, the injured worker does not present with any red flags, and the injured worker's condition has not changed since the previous MRI of the lumbar spine performed 9/7/13.