

Case Number:	CM14-0201328		
Date Assigned:	12/11/2014	Date of Injury:	12/13/2010
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Orthopedic Surgery 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:

The patient is a 56-year-old male who has submitted a claim for degenerative disc disease at L5-S1, L5-S1 neuroforaminal narrowing bilaterally, right shoulder SLAP lesion and degenerative joint disease, chronic pain syndrome, cervical radiculopathy, and lumbar facet arthropathy associated with an industrial injury date of 12/13/2010. Medical records from 2014 were reviewed. The patient complained of neck pain and low back pain associated with stiffness. He reported that his weight fluctuated between 310 to 318 pounds since the injury date. Neck pain radiated to bilateral upper extremities associated with numbness and tingling sensation. His low back pain likewise radiated to bilateral lower extremities rated 6-10/10 in severity. The patient reported instability of the left knee aggravated during ambulation. A pain management specialist last saw the patient on 11/12/2014. Physical examination showed an antalgic gait, limited motion of the cervical and lumbar spine, positive bilateral facet loading test at the lumbar region, positive Spurling's test on the left, weakness of right upper and lower extremities, and diminished sensation over left C7 dermatome. Anthropometric examination showed a height of 5 feet and 7 inches, weight of 319 pounds, and a body mass index of 50 kg/m². The MRI of the cervical spine from 6/23/2014 demonstrated multilevel herniated nucleus pulposus with central canal stenosis and neural foraminal narrowing. Treatment to date has included right shoulder rotator cuff repair on 11/17/2014, physical therapy, chiropractic care, acupuncture, lumbar and cervical epidural steroid injections, and medications. The utilization review from 11/24/2014 denied the request for medically supervised weight loss program, modified the request for follow-up with [REDACTED] for general orthopedic complaints into x 1 visit, and modified the request for pain management follow-up with [REDACTED] into x 1 visit. Reasons for denial and modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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 by Presley Reed, MD. Obesity

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, was used instead. Clinical supervision of weight reduction programs up to a combined limit of 26 individual or group visits per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (BMI 30 kg/m²). In this case, the patient reported that his weight fluctuated between 310 to 318 pounds since the injury date. Anthropometric examination showed a height of 5 feet and 7 inches, weight of 319 pounds, and a body mass index of 50 kg/m². However, there is no documentation stating that patient had already tried other weight loss methods, such as dietary modification and exercise routines. The medical necessity cannot be established due to insufficient information. Therefore, the request for associated surgical service: medically supervised weight loss program is not medically necessary.

Associated surgical service: Follow up for general orthopedic complaints: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient underwent right shoulder rotator cuff repair on 11/17/2014. The most recent physical examination showed weakness of right upper extremity muscles rated 4/5. The medical necessity for a follow-up visit has been established given the patient's post-operative status. Therefore, the

request for associated surgical service: follow up for general orthopedic complaints is medically necessary.

Associated surgical service: Pain management follow up: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, a pain management specialist last saw the patient on 11/12/2014. The patient underwent right shoulder rotator cuff repair on 11/17/2014. The most recent physical examination showed weakness of right upper extremity muscles rated 4/5. The medical necessity for a follow-up visit has been established given the patient's post-operative status. Therefore, the request for associated surgical service: pain management follow up is medically necessary.