

<b>Case Number:</b>	CM14-0206199		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/12/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Family Practice 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:

This is a 49 year old male patient who sustained a work related injury on 9/12/2004. Patient has had sinus problems for over 10 years and had a sinus infection in early September 2014 which lasted 2 months. Patient sustained the injury due to a slip and falls incident. The current diagnoses include Septal Deformity, Allergic Rhinitis and Maxillary Sinusitis. Per the doctor's note dated 11/24/14, patient has complaints of nasal congestion, nasal drip, and difficulty in breathing and constantly spitting out yellow mucus. Physical examination of the nose/ sinus revealed severe right deviated septum with obstruction of right nasal airway. The current medication lists include Prednisolone, HCTZ, Claritin, Aspirin, Levaquin, ALBUTEROL 0.083% INHAL SOLN, DULERA 1 00 MCG/5 MCG INHALER and Prilosec. The patient has had MRI of the low back on 12/17/11 that revealed disc desiccation at L4-5 and disc protrusion. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of chiropractic visits for this injury. He has had a urine drug toxicology report on 2/27/14 that was negative. The patient has used cpap machine for his nose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sinus x-rays:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Radiology (ACR) task force

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Head (updated 12/05/14) X-Rays

**Decision rationale:** The current diagnoses include Septal Deformity, Allergic Rhinitis and Maxillary Sinusitis. Per the doctor's note dated 11/24/14, patient has complaints of nasal congestion, nasal drip, and difficulty in breathing and constantly spitting out yellow mucus and physical examination of the nose/ sinus revealed severe right deviated septum with obstruction of right nasal airway. The current medication lists include Prednisolone, HCTZ, Claritin, Aspirin, Levaquin, Albuterol 0.083% Inhal Soln, Dulera 1 00 MCG/5 MCG Inhaler and Prilosec. The X-ray of the sinus would aid in management. Therefore the request for the Sinus X-rays is deemed medically necessary and appropriate. While giving the decision about the medical necessity of the above request, the issue of whether the sinusitis is related to the slip and fall incident at work or not, has not been taken into consideration.

**Mucinex 1200mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex-FDA Labeled indications; Drug- Mucinex, Expectoration of abnormal sputum.

**Decision rationale:** Mucinex (guaifenesin) is used to loosen mucus. Thompson Micromedex-FDA Labeled indications of the drug Mucinex include expectoration of abnormal sputum. The current diagnoses include Septal Deformity, Allergic Rhinitis and Maxillary Sinusitis. Per the doctor's note dated 11/24/14, patient has complaints of nasal congestion, nasal drip, and difficulty in breathing and constantly spitting out yellow mucus and physical examination of the nose/ sinus revealed severe right deviated septum with obstruction of right nasal airway. Therefore Mucinex 1200mg #60 is deemed medically necessary and appropriate. While giving the decision about the medical necessity of the above request, the issue of whether the sinusitis is related to the slip and fall incident at work or not, has not been taken into consideration.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), 5th edition, 2007 or current year, Diabetes (type 1, 2 or gestational)

**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 (updated 11/21/14), Gym memberships Other Medical Treatment Guideline or Medical Evidence: PubMed, Pharmacologic and surgical management of obesity in primary care: a

clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians .Ann Intern Med

**Decision rationale:** ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment,....." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients" The records provided do not provide detailed information about the patient's current body mass index and dietary history for this patient. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The patient has received an unspecified number of chiropractic visits for this injury. Detailed response to this conservative treatment was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Weight loss program is not fully established in this patient.