

Case Number:	CM15-0000816		
Date Assigned:	01/12/2015	Date of Injury:	10/19/1999
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 46 year old female, who sustained an industrial injury on October 19, 1999. She has reported injury to the leg and foot. The diagnoses have included status post open right foot fracture repair, narcotic dependence, obesity, and polyneuropathy. Treatment to date has included medications, pain management program, laboratory evaluations, electrodiagnostic studies, and surgery. Currently, the IW complains of right foot and ankle region. The medical records indicate the injured worker is 64 inches tall, weighs 312 pounds, and has a BMI (body mass index) of 53.55. Physical findings on December 18, 2014, are noted as tenderness over the right heel. On December 18, 2014, Utilization Review non-certified the request for an unknown weight loss program, based on non-MTUS guidelines, and provided a modified certification for one(1) pain management evaluation, based on non-MTUS guidelines. On December 29, 2014, the injured worker submitted an application for IMR for review of one (1) pain management evaluation and treatment, and an unknown weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines , Colorado

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-34. Decision based on Non-MTUS Citation Chronic Pain Programs

Decision rationale: MTUS states: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. ODG states concerning chronic pain programs (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. While the treating physician does document the use of opioids and anti-depressants, the treating physician has not provided detailed documentation of chronic pain treatment trials and failed to meet all six MTUS criteria for a chronic pain management program at this time. The prior utilization reviewer approved a pain management evaluation prior to approval of a pain program. As such the request for One (1) pain management evaluation and treatment is medically necessary.

Unknown weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann intern Med 2005 Apr 5; 142(7):525-531

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Obesity in adults: Overview of management

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Up-to-date states, Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of

30 kg/m². Severe obesity is defined as a BMI 40 kg/m² (or 35 kg/m² in the presence of comorbidities). Additionally, Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure. The patient has a BMI of 55, which would be considered severely obese. However, the physician does not detail what weight loss (diet, exercise, and counseling) has been undertaken thus far. In addition, the physician does not detail what weight loss program is being recommended and the goals of the program. As such, the request for an unknown weight loss program is not medically necessary.