MAXIMUS Federal Services

Case Number:	CM15-0167588		
Date Assigned:	09/08/2015	Date of Injury:	05/19/2009
Decision Date:	10/22/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 5-19-09. The injured worker reported intermittent lumbar, sacroiliac, bilateral lower extremity pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar displacement without myelopathy and neuritis radiculitis thoracic lumbosacral. Medical records dated 6-18-15 indicate pain rated at 8 out of 10 and at its best 4 out of 10. Provider documentation dated 6-18-15 noted the work status as returning to work with restrictions. Treatment has included topical analgesics since at least June of 2015 and exercise. Objective findings dated 6-18-15 were notable for tenderness to palpation to the bilateral sacroiliac spine, bilateral buttock, bilateral posterior leg and bilateral posterior knee. The original utilization review (7-28-15) denied a request for a body composition study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2082845.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The current request is for a Body composition study. The RFA is dated 05/26/15. Treatment to date has included physical therapy, and medications. The patient is temporarily partially disabled. Guidelines do not address body composition studies. For keeping track of weight loss, AETNA guidelines (www.aetna.com/cpb/medical/data/1_99/0039.html) use Body Mass Index and does not reference body composition. Per report 05/26/15, the patient present with chronic lumbar, sacroiliac and bilateral lower extremity pain. The patient also suffers from acid reflux and hypertension. The treater administered a body composition study on this date. The 43 page medical file provides no further discussion regarding the current request. In this case, the patient underwent a body composition study on 05/26/15, and the results of this study are available for review. The report reveals that the patient's height is 5'6", weight is 154 lbs, and blood pressure is 136/91. A review of the progress note associated with the request does not provide insight into the requested study, nor a rationale for the request. There is no discussion as to why a simple BMI taken from weight and height is insufficient if the treater is trying to keep track of the patient's weight. The request IS NOT medically necessary.