

Case Number:	CM15-0169489		
Date Assigned:	09/10/2015	Date of Injury:	03/28/2012
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male, who sustained an industrial injury on 3-28-2012. He reported injury to the low back from mopping. Diagnoses include radiculopathy and right lumbosacral strain with myofascial pain syndrome. Treatments to date include activity modification, medication therapy, and chiropractic therapy, and aquatic therapy. Currently, he complained of low back pain with radiation down the right lower extremity. The medical records indicated completion of twelve aquatic physical therapy sessions with progression. On 7-1-15, the physical examination documented the current weight was 504 pounds with weight loss necessary for surgical intervention. There was decreased lumbar range of motion, tenderness, and decreased sensation on the lateral border of the right foot. The plan of care included lumbar surgery after weight loss. The medical records documented a weight of 544 pounds in 2-26-14, decreased to 477 pounds in December 2014, and back to 504 pounds in 6-8-15. The appeal requested authorization for six additional aquatic physical therapy sessions and a supervised weight reduction program. The Utilization Review dated 7-27-15, denied the request stating that the documented did not support medical necessity per the California Chronic Pain MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy for the low back Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease." Records provided indicate that the patient received previous aquatic therapy for 6 sessions. No objective clinical findings were provided, however, that delineated the outcome of those treatments. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The records fail to documents significant improvement in the patient's pain or function. As such, the current request for Aquatic physical therapy for the low back Qty: 6 is not medically necessary.

Supervisor weight reduction program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate 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 (e.g., hypertension,

diabetes, dyslipidemia) or comorbidities (e.g., 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 treating physician documents that the worker is severely obese. The consulting surgery advises weight loss prior to any surgical intervention. The treating physician fails to document any primary interventions that have been tried and that he has failed. The patient has also demonstrated that he can lose weight on his own (70# per 6/8/15 note). As such, the request for Supervisor weight reduction program is not medically necessary.