

Case Number:	CM15-0180971		
Date Assigned:	09/22/2015	Date of Injury:	06/01/2005
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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 54 year old female injured worker suffered an industrial injury on 6-1-2005. The diagnoses included lumbar radiculitis, lumbar disc bulge with spondylolisthesis with nerve root impingement-neuroforaminal stenosis. On 7-30-2015 the treating provider reported 80% relief from the radiofrequency ablation with increased range of motion and functions. On exam there was lumbar trigger points and positive straight leg raise and reduced range of motion. Weight was 240 pounds with height 5'8". The documentation provided did not include evidence of a weight loss evaluation and failed attempts, rationale for home health nurse evaluation or medical rationale for need for transportation. The Utilization Review on 8-18-2015 determined non-certification for Weight loss evaluation at [REDACTED] QTY 1.00, Home Health nurse evaluation for healthcare needs qty 1.00 and Transportation to and from visit on 9/24/15 qty 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss evaluation QTY 1.00: Upheld

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

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. Add 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 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 calculated BMI of 36.5, which would be considered obese. The fails to document that the patient is unable to make any progress with weight loss on her own, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. Additionally, the treating physician does not document what diagnosis is obesity related. As such, the request for Weight loss evaluation QTY 1.00 is not medically necessary.

Home Health nurse evaluation for healthcare needs qty 1.00: 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): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does not appear to be "homebound". The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as "medical treatment", as defined in MTUS. As such, the current

request for home health nurse evaluation for healthcare needs QTY 1.00 is not medically necessary.

Transportation to and from visit on 9/24/15 qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation to and from medical appointment.

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guidelines. As such, the request for Transportation to and from visit on 9/24/15 qty 1.00 is not medically necessary at this time.