

<b>Case Number:</b>	CM15-0185892		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 43 year old male, who sustained an industrial-work injury on 1-27-15. A review of the medical records indicates that the injured worker is undergoing treatment for low back strain and sprain, lumbar disc herniation and morbid obesity. Medical records dated (5-29- 15 to 8-17-15) indicate that the injured worker complains of significant low back pain and weakness localized to the posterior lumbar spine with radiation of pain down the both legs. He also complains of some numbness, tingling and weakness of the legs. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-17- 15 the injured worker has not returned to work. The physical exam dated from (5-29-15 to 8-17-15) reveals that the injured worker is morbidly obese, 5 feet 8 inches tall and weight of 335 pounds. The exam of the thoracolumbar spine reveals a decrease in lumbar lordosis. Abdominal girth is increased and abdominal muscle tone is decreased. The physician indicates that forward flexion is accomplished to only 60 degrees, with the fingertips failing to touch the toes by 20 centimeters. Arising is accomplished with some difficulty and pain. Lateral bending is 40 degrees bilaterally with pain. The palpation of the lumbar spine reveals significant tenderness and spasm. The supine and active straight leg raising are positive at 60 degrees. The physician indicates that the injured worker "may be a surgical candidate, but at this time it is best that he begin a weight reduction program in order to unload the lumbar spine. He will also start on physical therapy to build up flexibility and strength." The physician indicates that x-ray of the lumbar spine reveals significant loss of lumbar lordosis. The physician also indicates that clinical and Magnetic Resonance Imaging (MRI) scan of the lumbar spine shows evidence of large disc herniation at L5-S1. Treatment to date has included pain medication, physical therapy

at least 12 sessions, pain management, chiropractic at least 6 sessions, orthopedic consult, diagnostics, and other modalities. The request for authorization date was 8-25-15 and requested services included Weight reduction program and Physical therapy 3 times per week for 4 weeks for the lumbar spine. The original Utilization review dated 9-1-15 non-certified the request for Weight reduction program and Physical therapy 3 times per week for 4 weeks for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Weight reduction program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Archives of Physical Medicine and Rehabilitation; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

**Decision rationale:** The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as [REDACTED]. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for weight reduction program is not medically necessary.

#### **Physical therapy 3 times per week for 4 weeks for the lumbar spine: 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): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed at least 12 sessions of physical therapy without documented efficacy. Additionally, this request for 12 additional sessions exceeds the recommendations of the established guidelines. The request for physical therapy 3 times per week for 4 weeks for the lumbar spine is not medically necessary.

