MAXIMUS Federal Services

Case Number:	CM15-0191555		
Date Assigned:	10/05/2015	Date of Injury:	09/03/2004
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male who sustained a work-related injury on 9-3-04. He reported an injury to his right knee. Medical record documentation on 8-26-15 revealed the injured worker was being treated for chronic sprain-strain of the thoracolumbosacral spine, internal derangement of the right knee, right total knee replacement, internal derangement of the left knee, complex tear of the medial meniscus, internal derangement of the right foot and ankle, major depressive disorder, and obstructive sleep apnea. His medications included Medrox patches and Norco. Handwritten evaluation notes from 8-5-15 were difficult to decipher. A request for referral to a pain specialist (monthly visit), medically supervised weight loss program and supportive psychiatric treatment was received on 9-18-15. On 9-24-15 the Utilization Review physician determined referral to a pain specialist (monthly visit), medically-supervised weight loss program and supportive psychiatric treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain specialist (monthly visit): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and

Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Chronic pain programs, early intervention.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. In this case, the submitted documentation does not report the injured worker pain cannot be controlled with standard pain management techniques. High narcotic requirements are not documented in the record nor is a trial of multimodal pharmacotherapy. Until standard pain management therapies have been exhausted, there is no requirement for referral to a multidisciplinary pain management team. The request is not medically necessary.

Medically supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.medscape.org/viewarticle/559644].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference: Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, Bowman JD, Pronk NP. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007 Oct; 107 (10): 1755-67.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of weight loss program. Review of the literature demonstrates recommendation of reduced caloric diet along with exercise program to promote weight loss. In this case, there is lack of documentation that the employee has adequately tried and failed self-weight loss, exercise and or diet modifications. The request for a weight loss program is therefore not medically necessary and appropriate.

Supportive psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 107, 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: A MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. Consideration of a psychiatric consultation if there is evidence of

depression, anxiety or irritability. In this case, the documentation does support a diagnosis of major depressive disorder. However, the documentation does not describe any current psychological symptoms, psychological examination findings, whether this diagnosis is currently active, whether he is being or has been treated for depression, or if the request for psychiatric consultation is directed for his diagnosis for depression. The request for supportive psychiatric treatment is therefore not medically necessary.